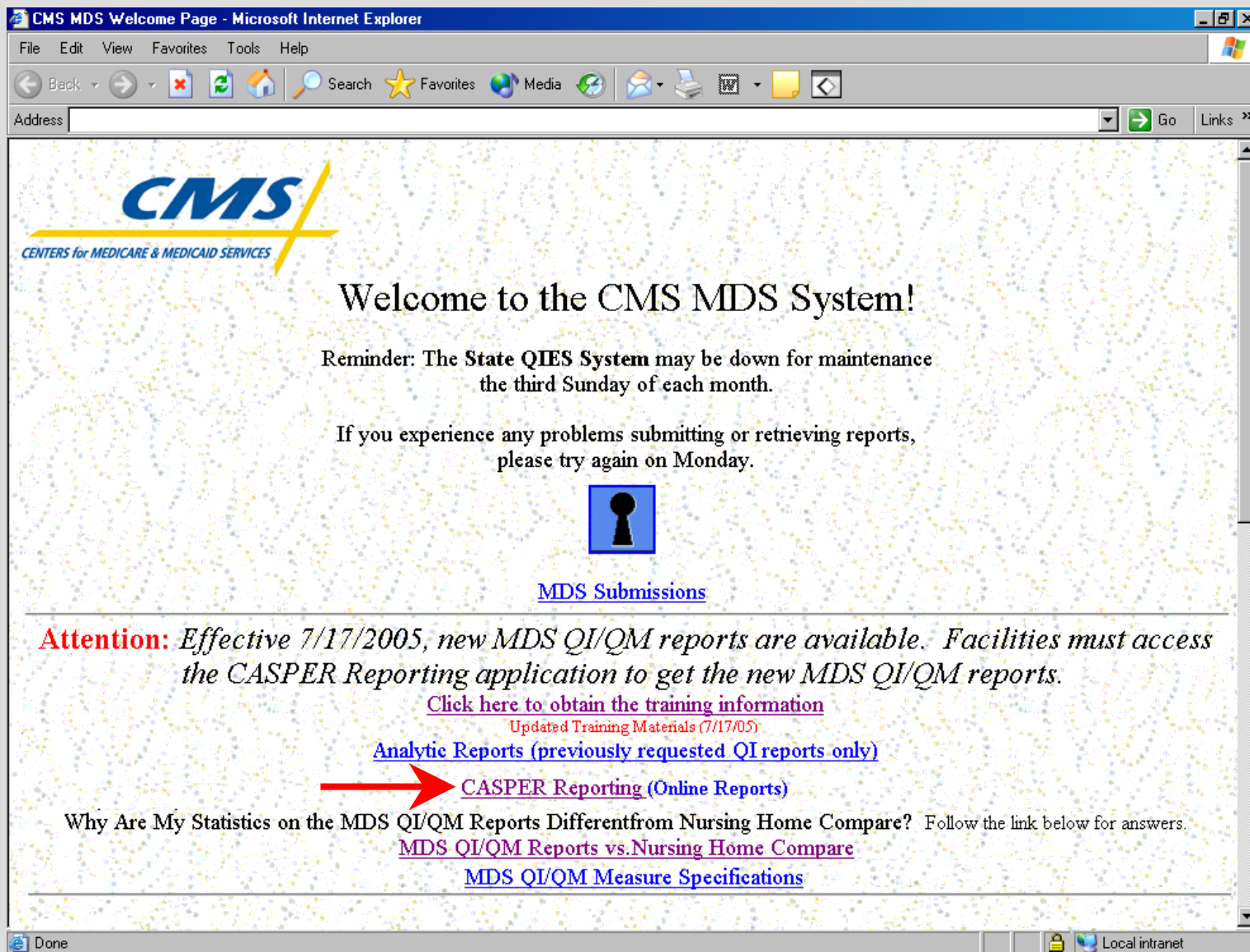
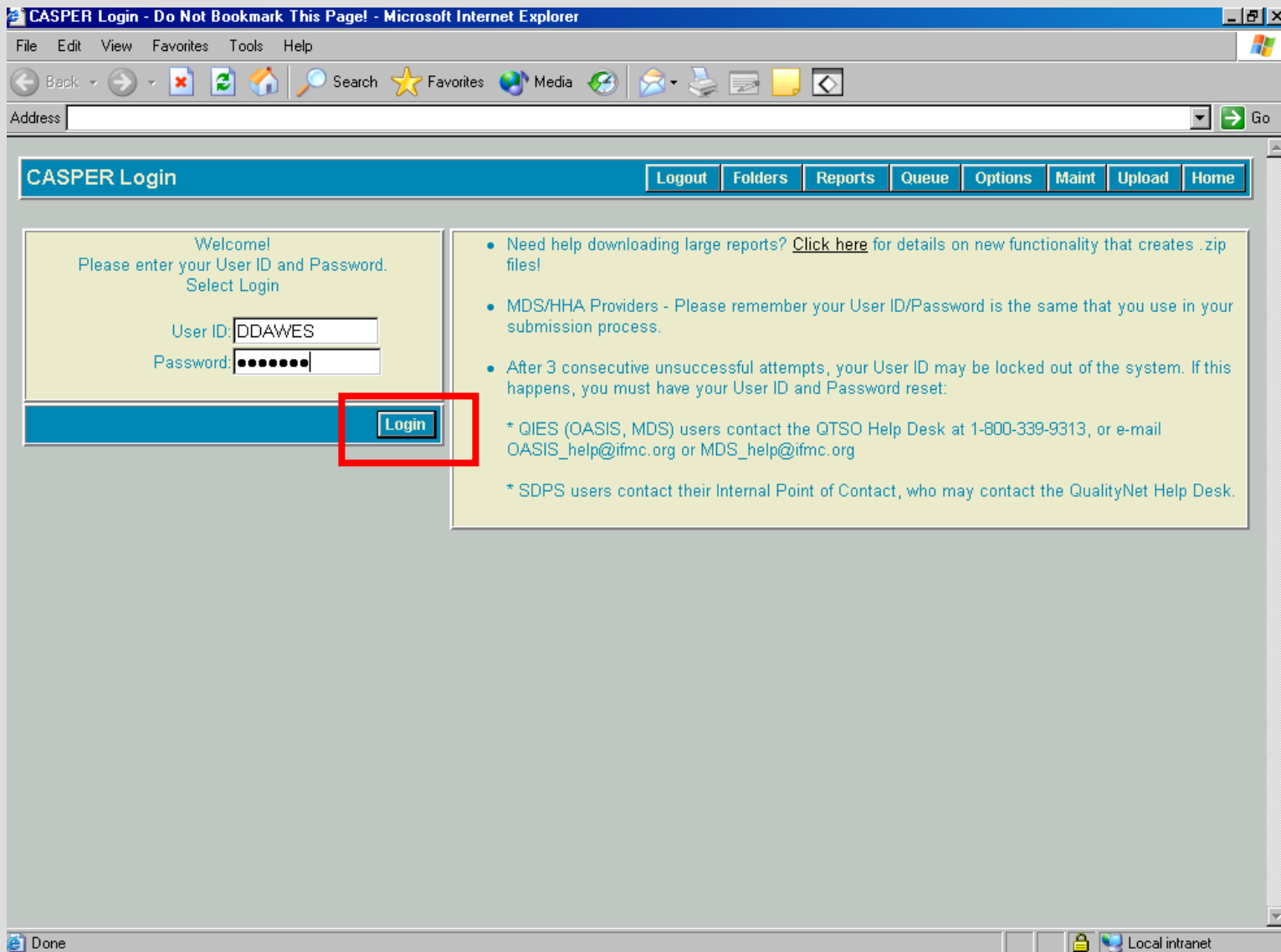


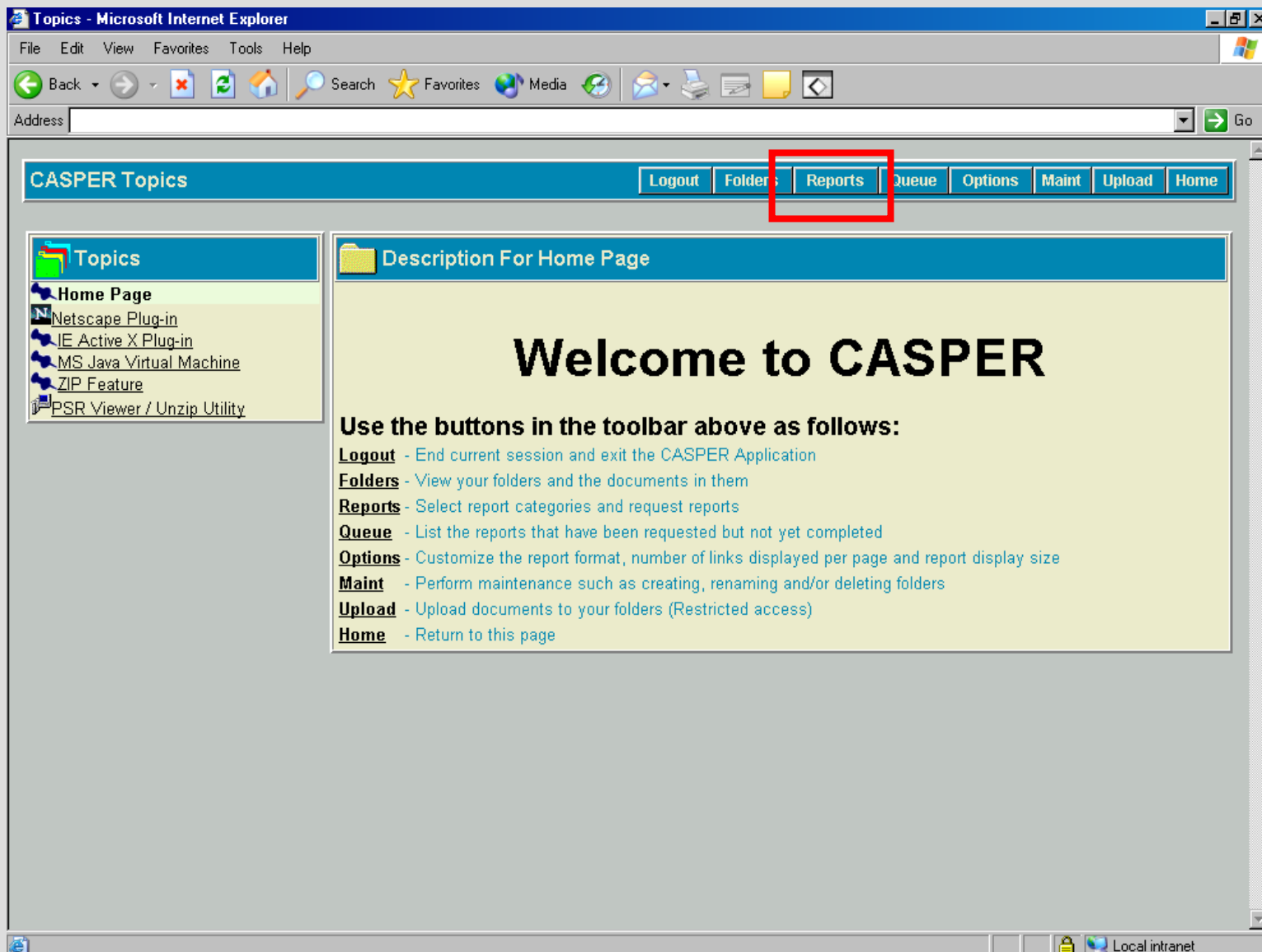
Accessing the New MDS QI/QM Reports



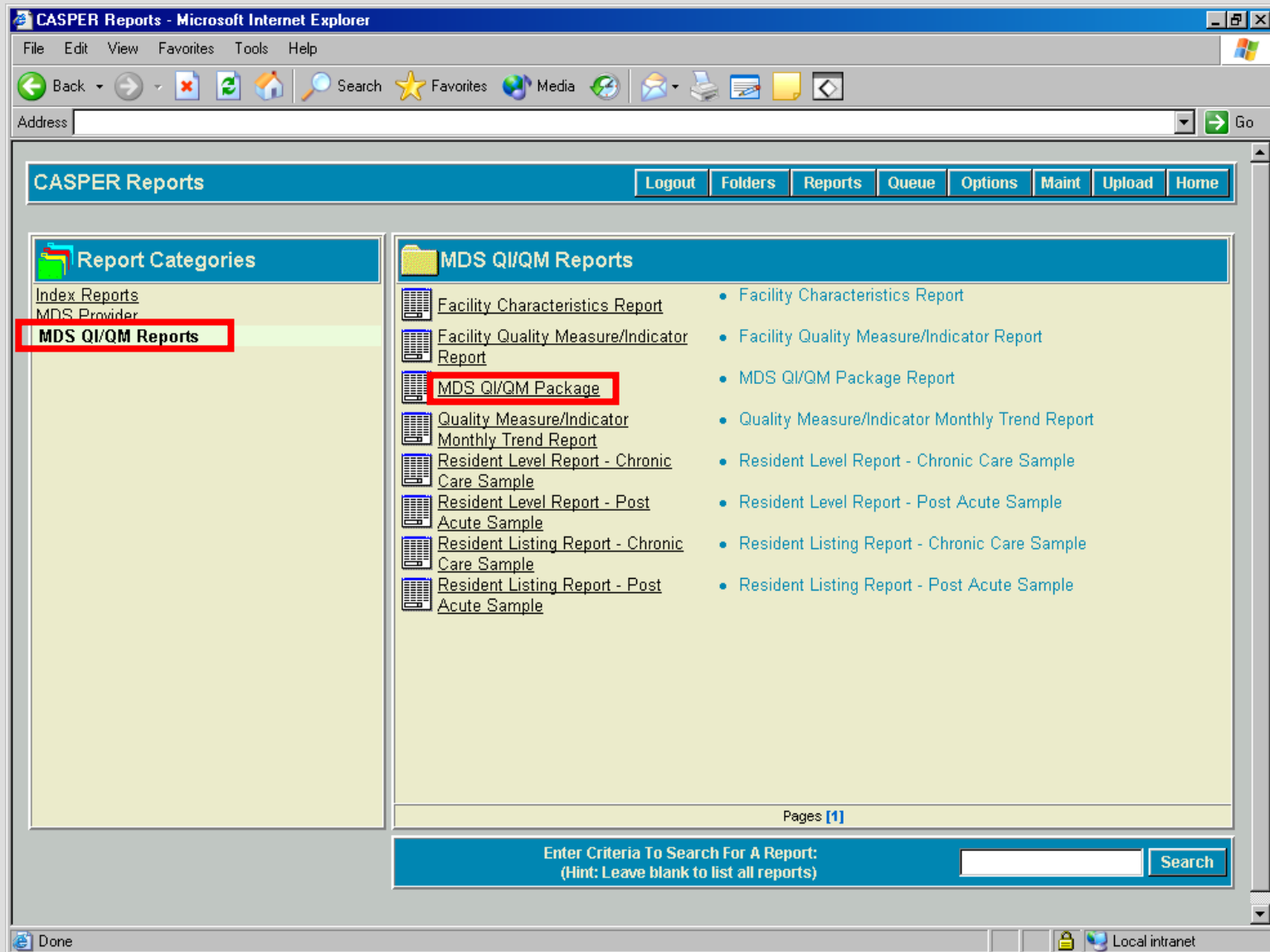
To access the new MDS QI/QM reports, select the CASPER Reporting link from the CMS MDS System Welcome page.



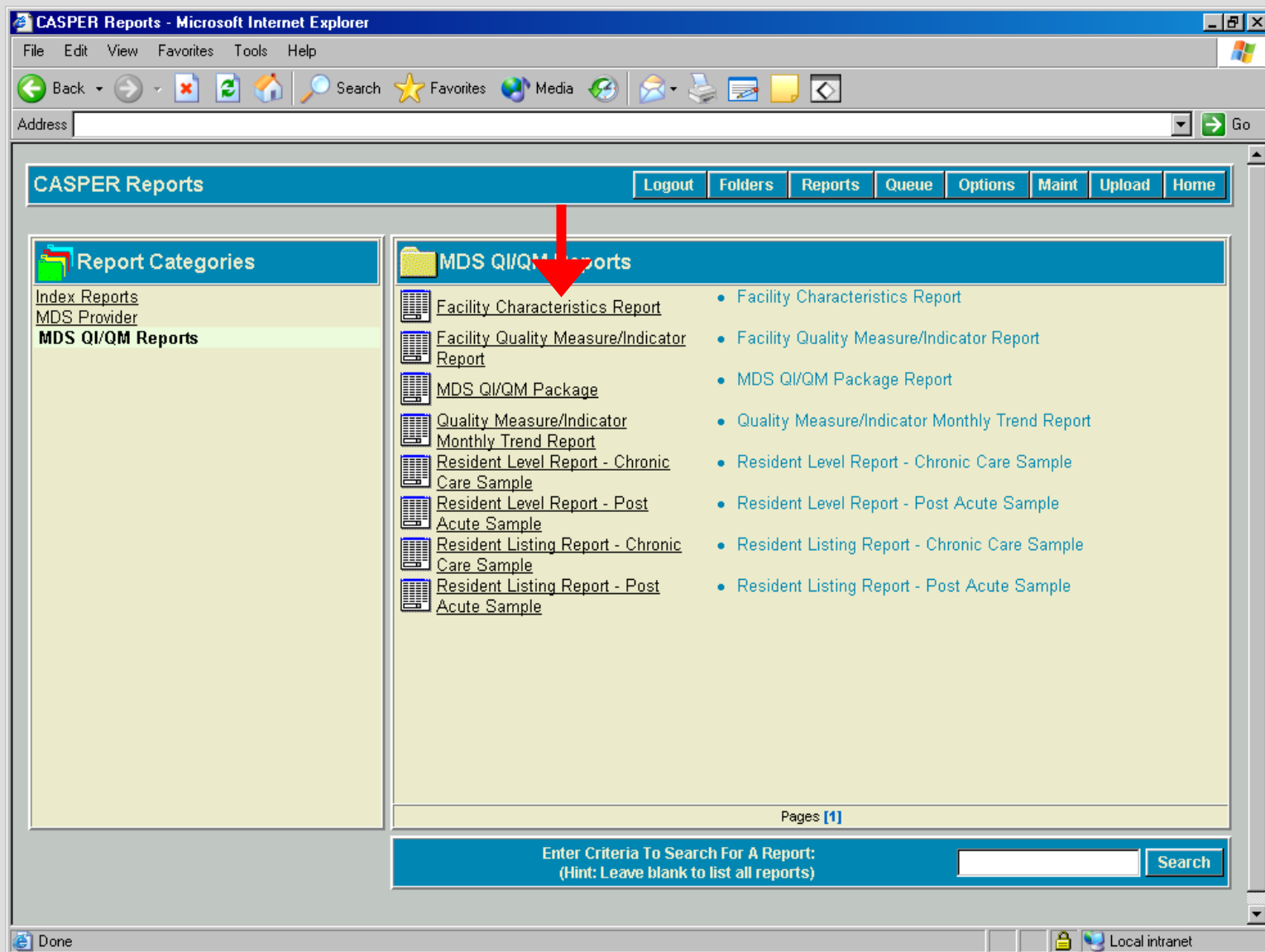
Enter the User ID and Password on the CASPER Login page. ***The User ID and Password are the same that are used for submitting the MDS assessments and not those used to connect to the AT&T Global dialer.*** Select the Login button and the CASPER Topics page will display.



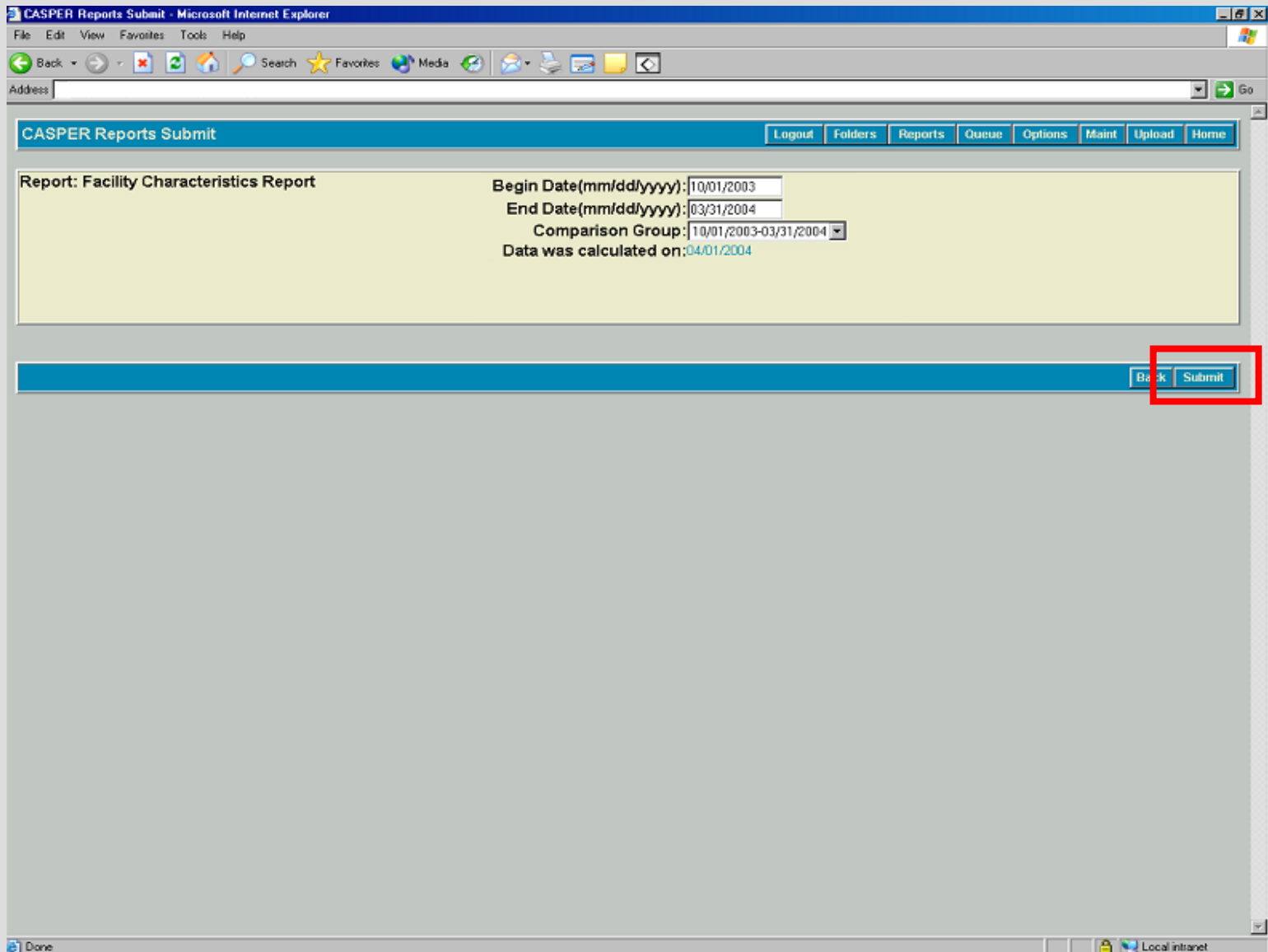
Select the Reports button in the toolbar and the CASPER Reports page will display.



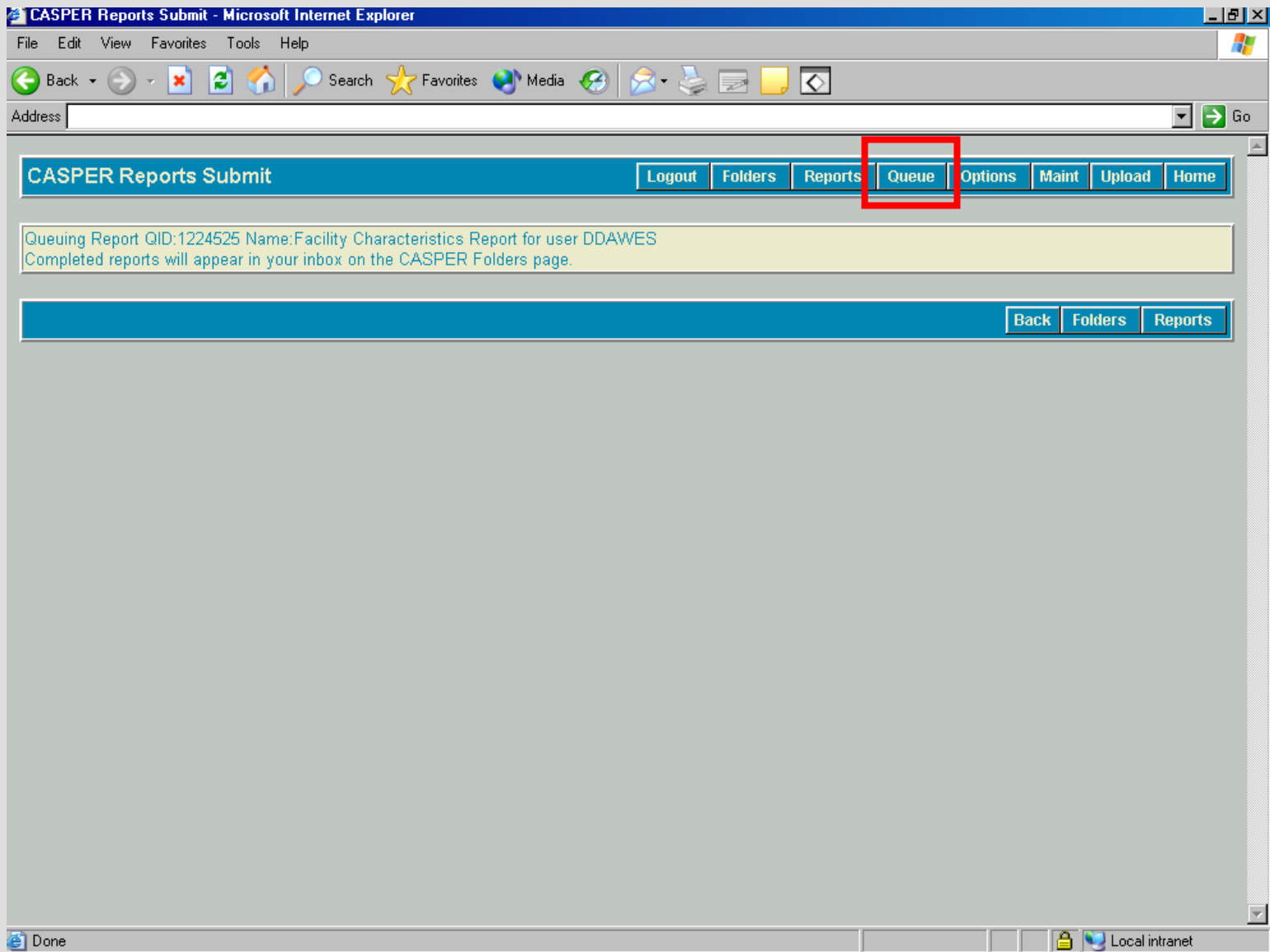
Select the **MDS QI/QM Reports** link for a list of these reports. Users may request reports individually by selecting the report name link or to request multiple reports with one submission, select the **MDS QI/QM Package** link.



Select the desired report name link and the CASPER Reports Submit page will display.



Enter the desired Begin Date and End Date in the MM/DD/YYYY format or utilize the default date values. Select the desired date range from the Comparison Group dropdown field. Select the Submit button to generate the report. A confirmation message will display on the CASPER Reports Submit page.



Select the Queue button in the toolbar and the CASPER Report Queue page will display.

CASPER Report Queue - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address Go

CASPER Report Queue [Logout](#) [Folders](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Upload](#) [Home](#)

Processing 1 of 2 Reports

Position	Queue ID	Report Name	Status	Duration
Queue 1 of 2	1224521	Facility Characteristics Report	Processing	1 Mins 26 Secs
Queue 2 of 2	1224525	Facility Characteristics Report	Requested	

[Back](#)

Done Local intranet

The requested report (Queue ID = 1224525) displays in a Requested status. To retrieve the completed report, select the Folders button in the toolbar and the CASPER Folders page will display.

CASPER Folders - Microsoft Internet Explorer

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CASPER Folders Logout Folders Reports Queue Options Maint Upload Home

Folders

My Inbox

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Info	Click Link to View Report	Date Requested	Select
	Quality Measure/Indicator Monthly Trend Report	04/01/2005 11:25:34	<input type="checkbox"/>
	Resident Level Report: Post Acute Sample	04/01/2005 11:24:14	<input type="checkbox"/>
	Resident Level Report: Chronic Care Sample	04/01/2005 11:24:14	<input type="checkbox"/>
	Resident Listing Report: Post Acute Sample	04/01/2005 11:24:14	<input type="checkbox"/>
	Resident Listing Report: Chronic Care Sample	04/01/2005 11:24:14	<input type="checkbox"/>
	Facility Characteristics Report	04/01/2005 11:24:14	<input type="checkbox"/>
	Facility Quality Measure/Indicator Report	04/01/2005 11:24:14	<input type="checkbox"/>

Pages [1]

SelectAll Print PSRs Zip Move Delete

Done Local intranet

Select the report name link and the report will display.

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail Address Go

Select Text 85% One PDF, many files.

Facility Characteristics Report

Page 1 of 1

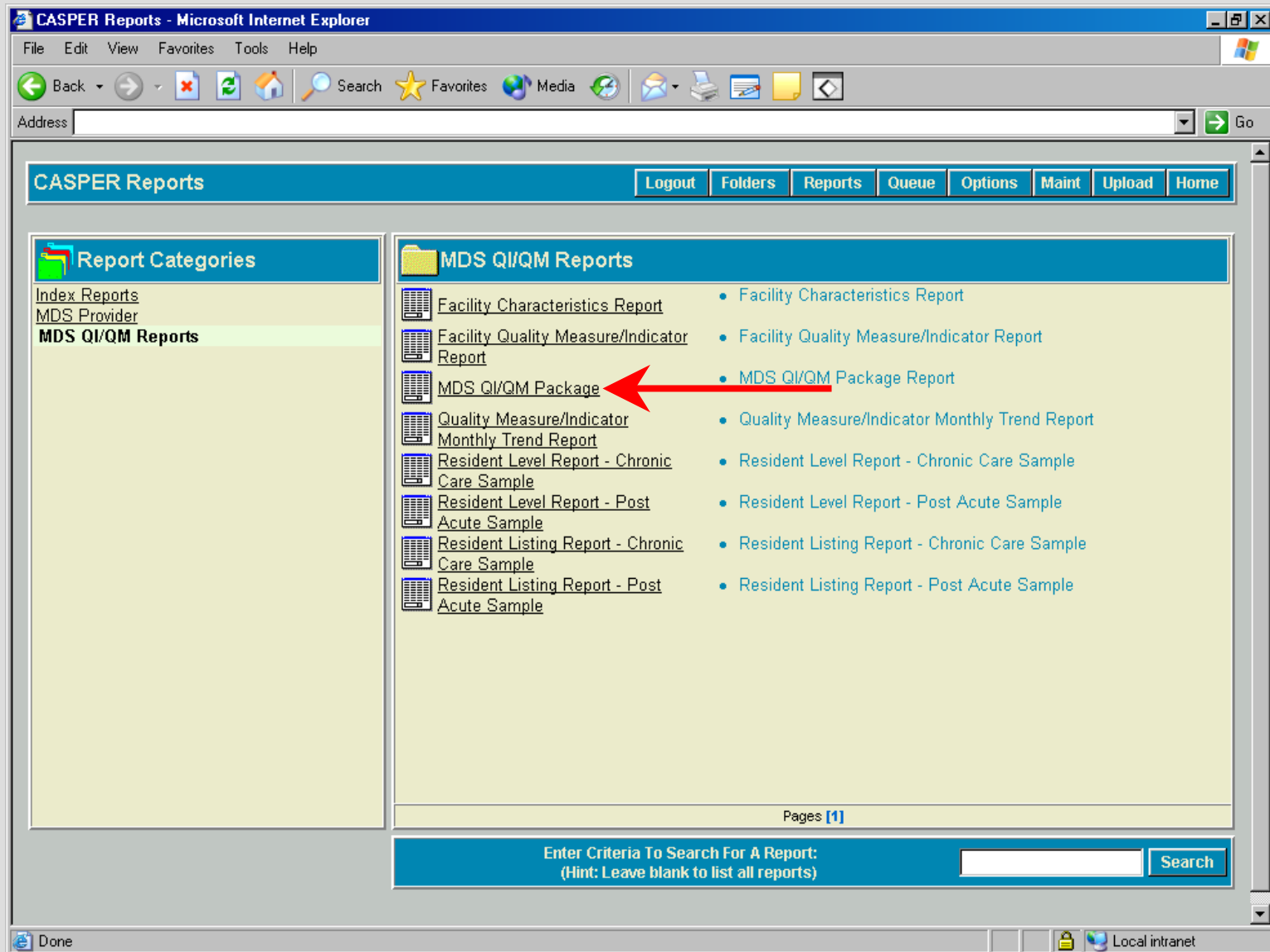
Facility Name: LISA01 Run Date: 03/02/05 14:09:54
City/State: SACRAMENTO, CA Report Period: 10/01/03 - 03/31/04
Provider Number: 855134 Comparison Group: 10/01/03 - 03/31/04
Login/Internal ID: LISA01/1234 Report Version Number: 1.07

	Facility		Observed Percent	Comparison Group	
	Num	Denom		State Average	National Average
Gender					
Male	7	46	15.2%	32.4%	31.1%
Female	39	46	84.8%	67.5%	68.8%
Age					
<25 years old	0	46	0.0%	0.3%	0.5%
25-54 years old	0	46	0.0%	8.1%	5.2%
55-64 years old	0	46	0.0%	6.1%	5.6%
65-74 years old	0	46	0.0%	10.7%	11.3%
75-84 years old	16	46	34.8%	26.7%	28.7%
85+ years old	29	46	63.0%	40.9%	41.4%
Payment Source (all that apply)					
Medicaid per diem	0	46	0.0%	38.8%	30.1%
Medicare per diem	1	46	2.2%	13.5%	15.7%
Medicare ancillary Part A	10	46	21.7%	8.0%	10.1%
Medicare ancillary Part B	0	46	0.0%	3.9%	6.0%
Self or family pays for full per diem	10	46	21.7%	17.2%	12.8%
Medicaid resident liability or Medicare co-payment	0	46	0.0%	4.1%	9.2%
Private insurance per diem (including co-payment)	0	46	0.0%	4.6%	5.0%
All other per diem	0	46	0.0%	1.7%	2.1%
Diagnostic Characteristics					
Psychiatric diagnosis	1	46	2.2%	17.9%	13.0%
Mental retardation	0	46	0.0%	1.7%	1.4%
Hospice	0	46	0.0%	1.0%	1.3%
Type of Assessment					
Admission assessment	35	46	76.1%	31.1%	31.9%

8.5 x 11 in 1 of 1 Local intranet

Facility Characteristics Report

Requesting and Printing Multiple Reports



To request multiple reports in one submission, select the MDS QI/QM Package link and the CASPER Reports Submit page will display.

CASPER Reports Submit - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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CASPER Reports Submit Logout Folders Reports Queue Options Maint Upload Home

Report: MDS QI/QM Package

Reports: ☒ Facility Quality Measure/Indicator Report
☒ Facility Characteristics Report
☒ Resident Listing Report: Chronic Care Sample
☒ Resident Listing Report: Post Acute Sample
☒ Resident Level Report: Chronic Care Sample
☒ Resident Level Report: Post Acute Sample

Begin Date(mm/dd/yyyy): 09/01/2004
End Date(mm/dd/yyyy): 02/28/2005
Comparison Group: 07/01/2004-12/31/2004 - only applicable to Facility reports
Data was calculated on: 03/21/2005

Back Submit

By default, the following reports are selected for submission in the MDS QI/QM Package:

- Facility Quality Measure/Indicator Report
- Facility Characteristics Report
- Resident Listing Report: Chronic Care Sample
- Resident Listing Report: Post Acute Sample
- Resident Level Report: Chronic Care Sample
- Resident Level Report: Post Acute Sample

The user is allowed to deselect any reports prior to submission of the package.

Note: The Quality Measure/Indicator Monthly Trend Report is excluded from the package as it may be requested for a single measure only.

CASPER Reports Submit - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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CASPER Reports Submit

Logout Folders Reports Queue Options Maint Upload Home

Report: MDS QI/QM Package

Reports: ☒ Facility Quality Measure/Indicator Report
☒ Facility Characteristics Report
☒ Resident Listing Report: Chronic Care Sample
☒ Resident Listing Report: Post Acute Sample
☒ Resident Level Report: Chronic Care Sample
☒ Resident Level Report: Post Acute Sample

Begin Date(mm/dd/yyyy):

End Date(mm/dd/yyyy):

Comparison Group: - only applicable to Facility reports

Data was calculated on: 03/21/2005

Back Submit

Done Local intranet

Enter the desired Begin Date and End Date in the MM/DD/YYYY format or accept the default values. Select the desired Comparison Group time frame from the dropdown list and select the Submit button. The completed reports may be viewed on the CASPER Folders page by selecting the Folders button.

CASPER Folders - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address Go

CASPER Folders Logout Folders Reports Queue Options Maint Upload Home

Folders

My Inbox

My Inbox

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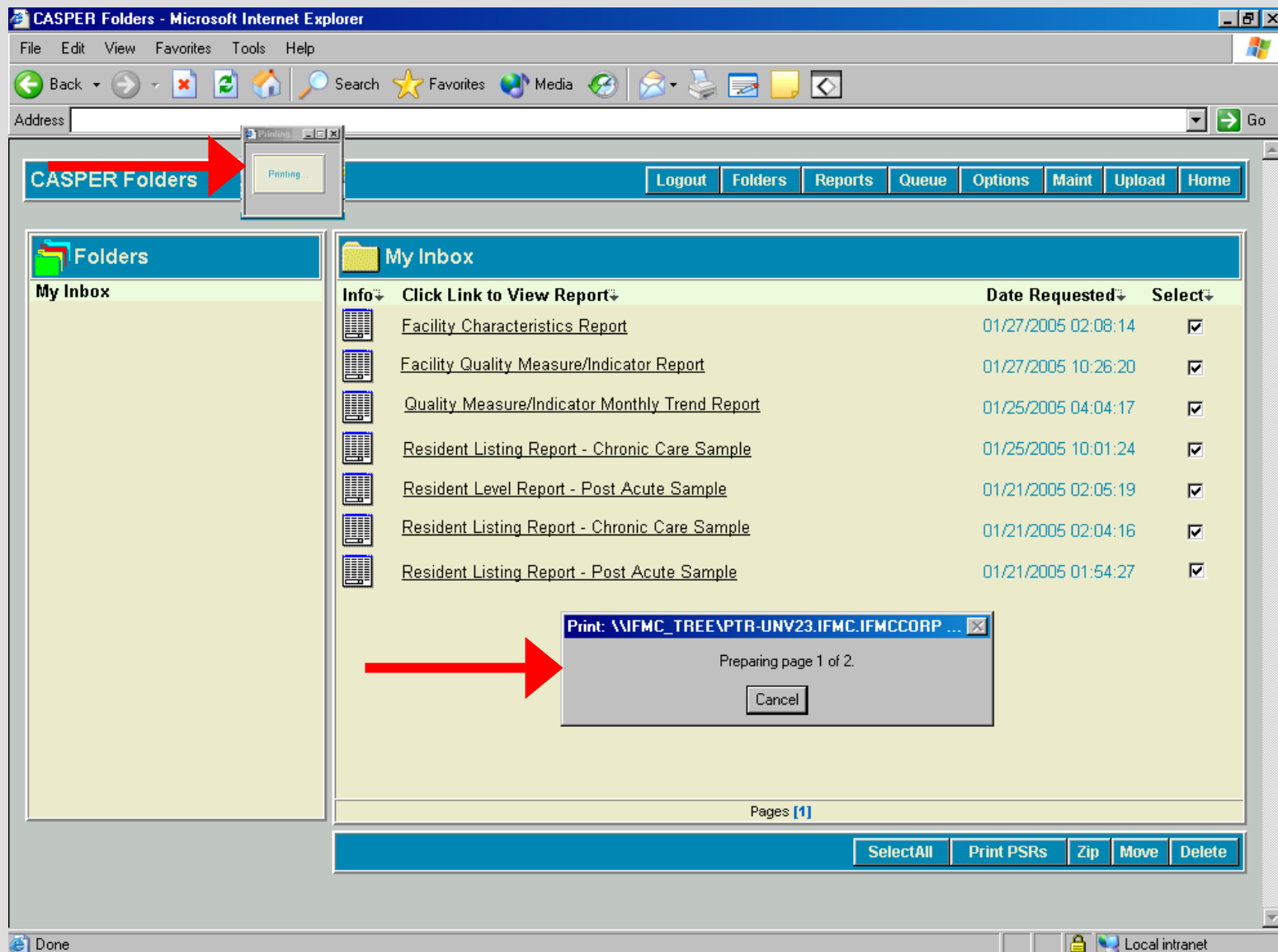
Info	Click Link to View Report	Date Requested	Select
	Facility Characteristics Report	01/27/2005 02:08:14	<input checked="" type="checkbox"/>
	Facility Quality Measure/Indicator Report	01/27/2005 10:26:20	<input checked="" type="checkbox"/>
	Quality Measure/Indicator Monthly Trend Report	01/25/2005 04:04:17	<input checked="" type="checkbox"/>
	Resident Listing Report - Chronic Care Sample	01/25/2005 10:01:24	<input checked="" type="checkbox"/>
	Resident Level Report - Post Acute Sample	01/21/2005 02:05:19	<input checked="" type="checkbox"/>
	Resident Listing Report - Chronic Care Sample	01/21/2005 02:04:16	<input checked="" type="checkbox"/>
	Resident Listing Report - Post Acute Sample	01/21/2005 01:54:27	<input checked="" type="checkbox"/>

Pages [1](#)

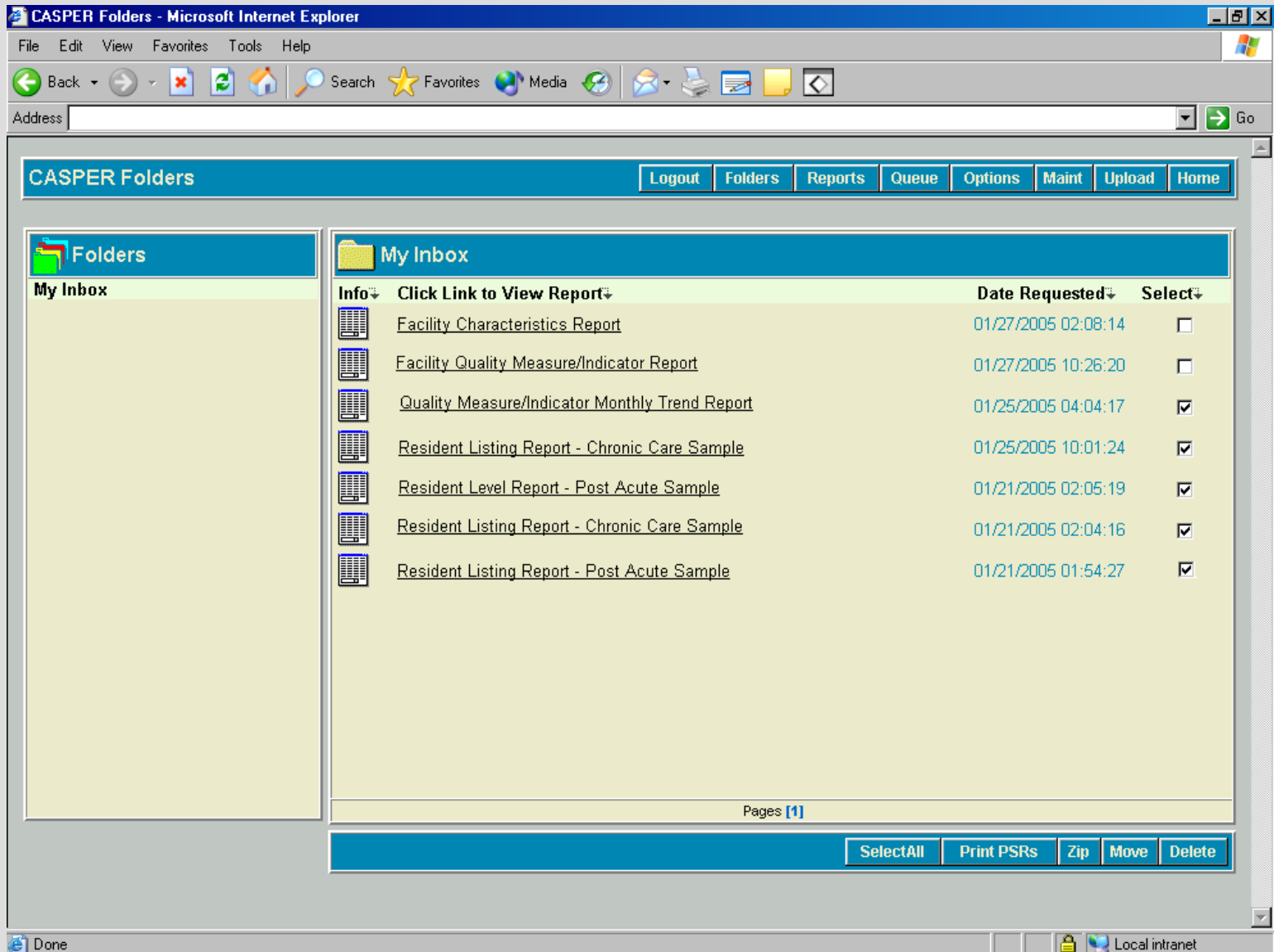
SelectAll Print PSRs Zip Move Delete

Done Local intranet

Multiple reports may be printed at one time *if* the reports were requested in the PowerSoft Report (PSR) format. To print multiple PSR reports, click the box beneath the Select title adjacent to the desired reports and check marks will display in the boxes. Select the Print PSRs button.



Once the Print PSRs button has been selected, two pop-up boxes will display for each report indicating that the printing is occurring.



As the reports are printed, the checkmarks will automatically be removed from the boxes.

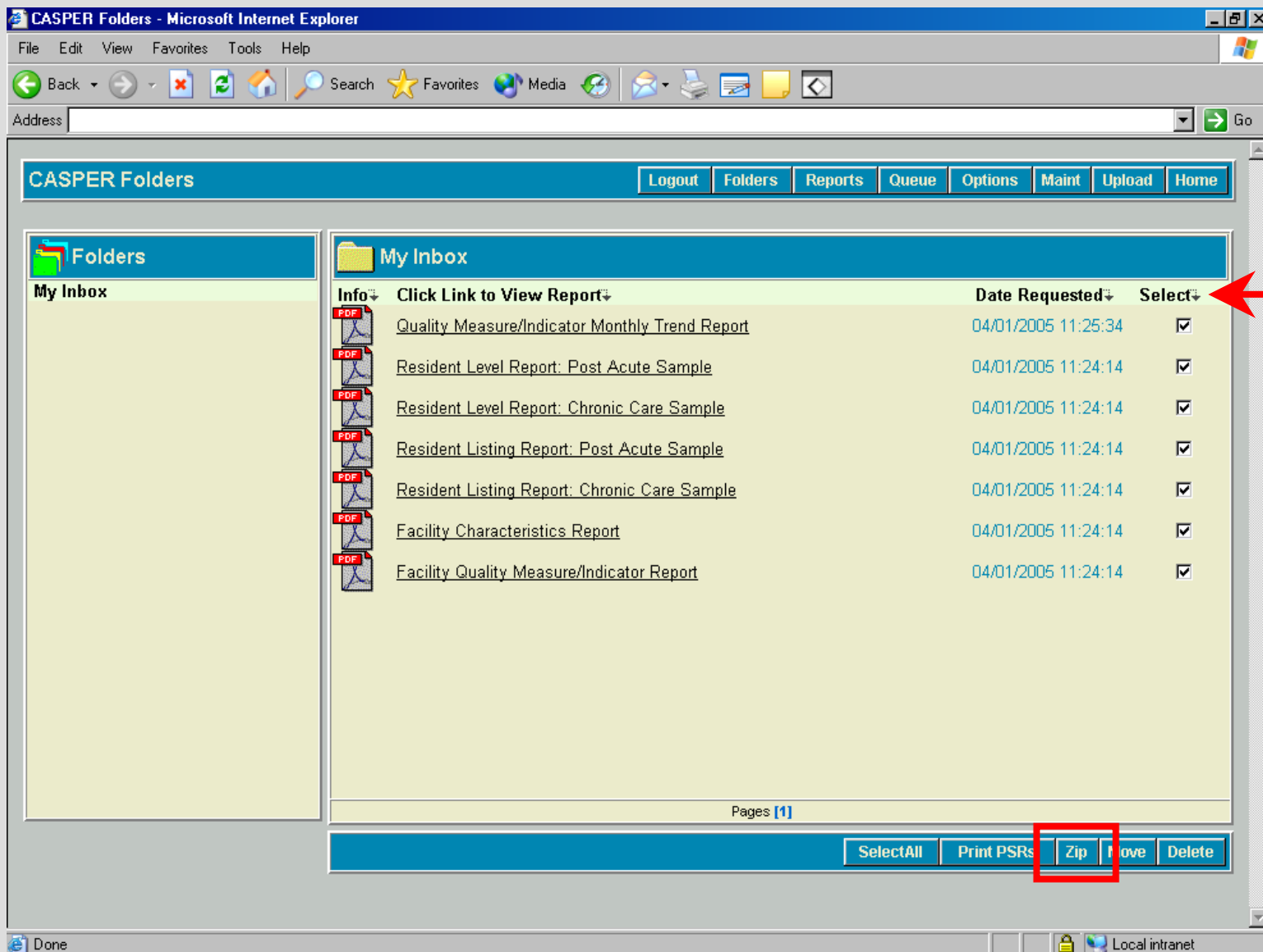
Zip Functionality

This section of the training material outlines the zip functionality in the CASPER Reporting application. The zip functionality will be beneficial in the following instances:

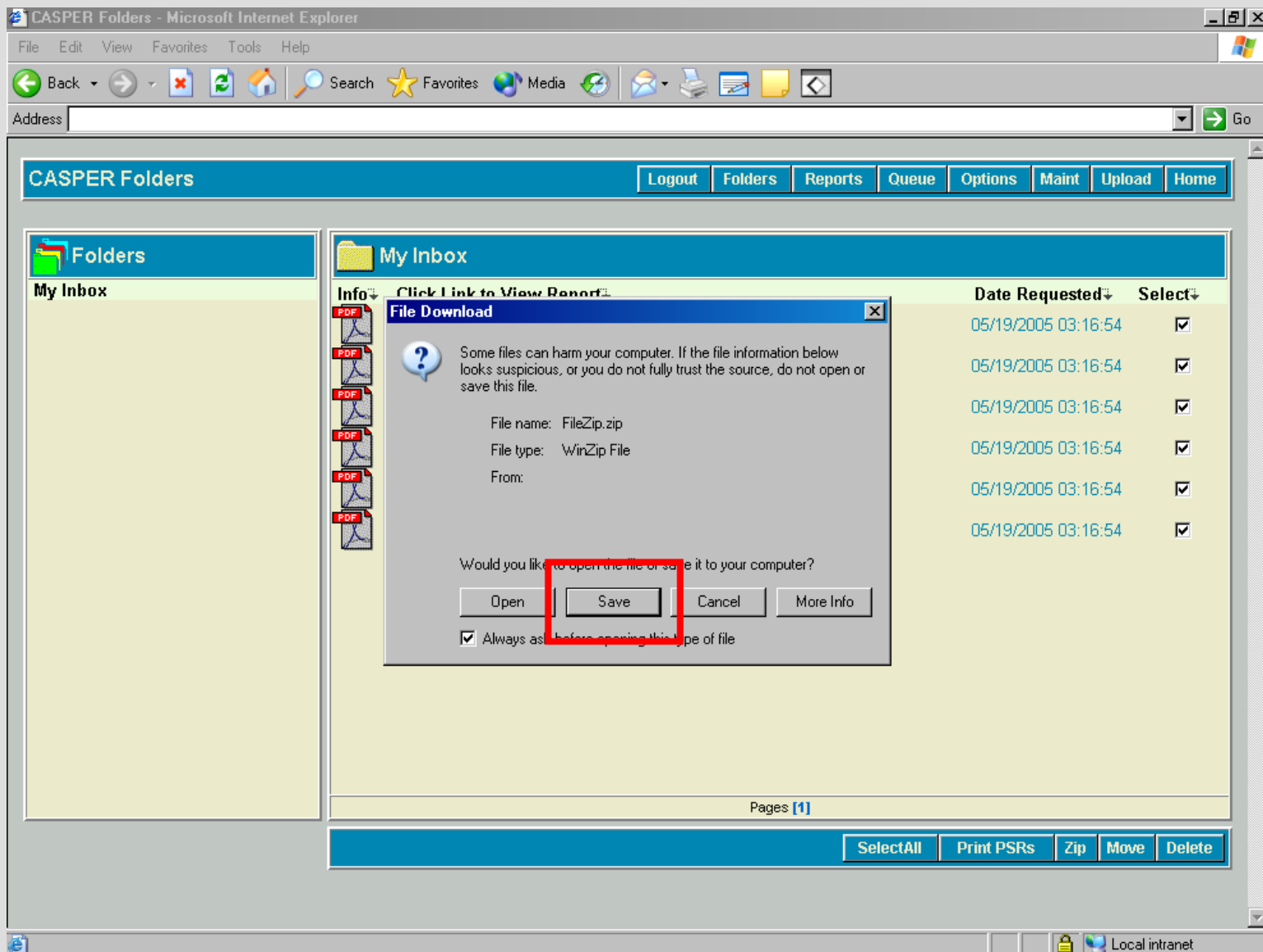
- **For facilities that are using a dial-up connection**
- **For facilities with a large census whose reports may be large**

To prevent extended response time, the reports may be zipped from the CASPER Reporting application and saved to the user's computer where they may be viewed and printed.

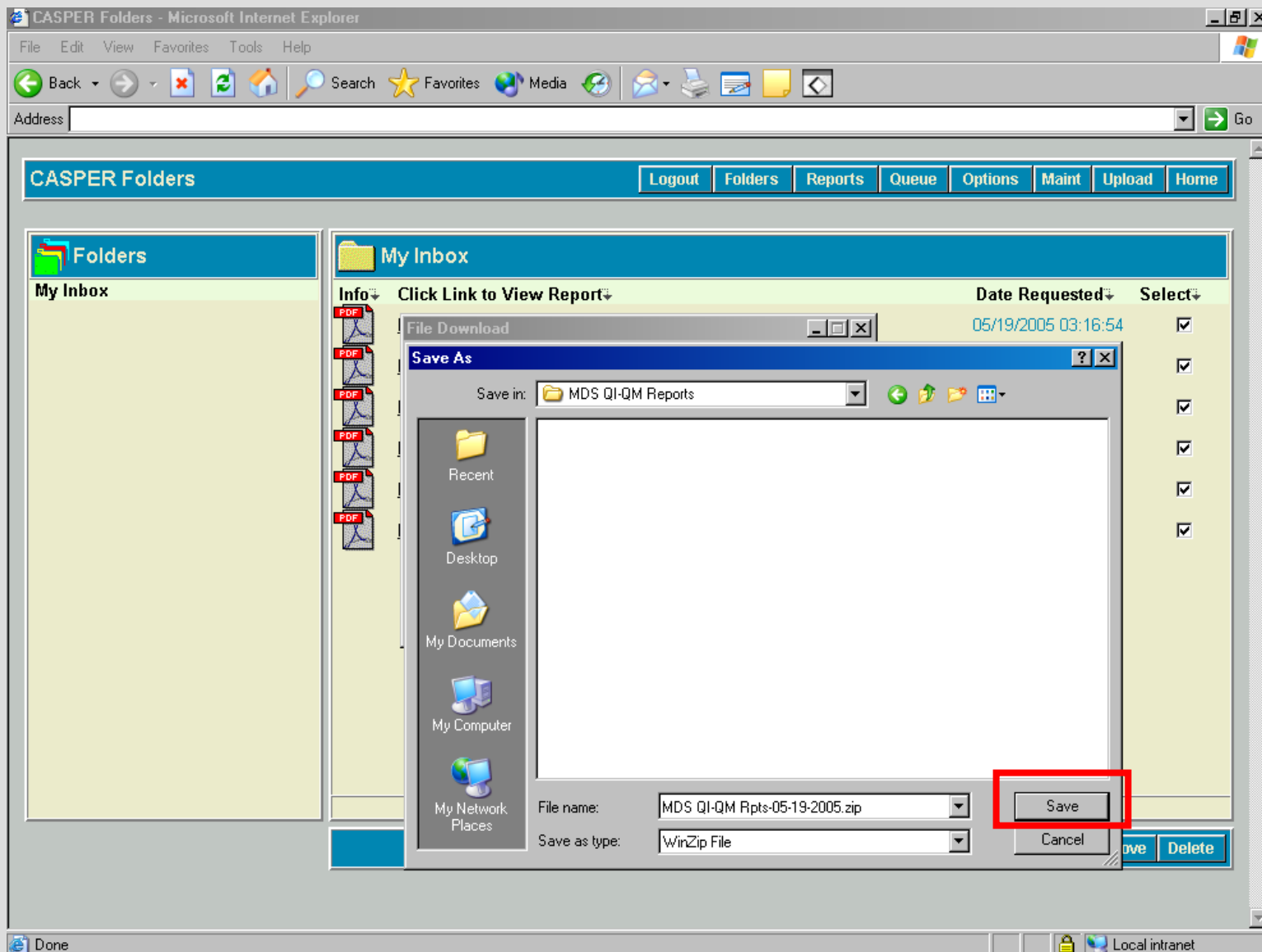
NOTE: All report format types may be zipped.



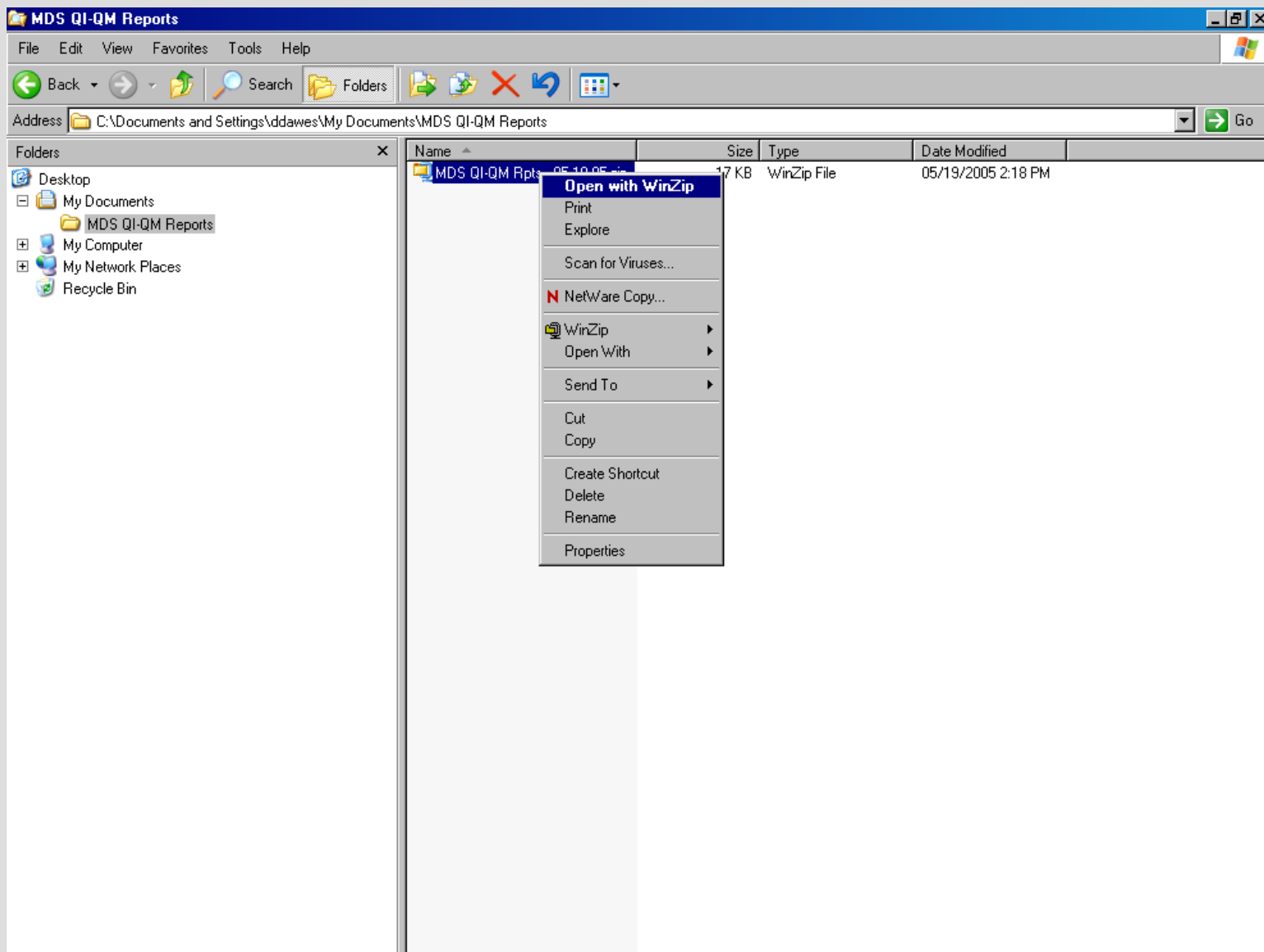
To zip multiple reports, click the desired boxes beneath the Select title, select the Zip button and a File Download box will display.



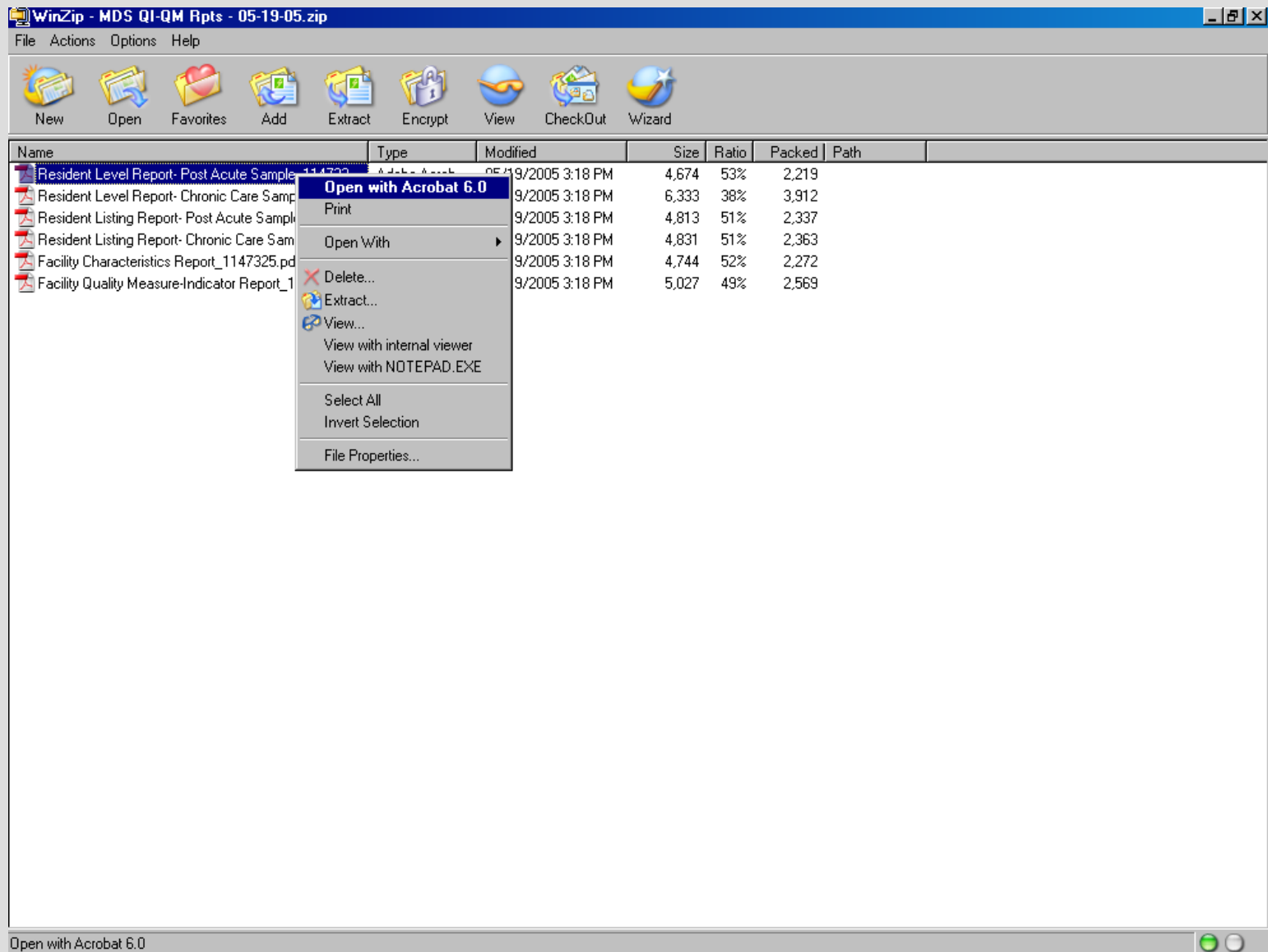
Select the Save button and the Save As box will display.



In the Save As box, select the desired location to save the reports. Select the Save button and the Save As and File Download boxes will close and the zip file will be saved to the desired location.



To view the reports, double-click the zip file name or right-click the zip file name, select the option to open the file and a list of the reports will display.



To view the report, double-click the report name or right-click the report name and select the Open option and the report will display.

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail

Address Go

Select Text 85% One PDF, many files.

Facility Characteristics Report

Page 1 of 1

Facility Name: LISA01 Run Date: 03/02/05 14:09:54
 City/State: SACRAMENTO, CA Report Period: 10/01/03 - 03/31/04
 Provider Number: 855134 Comparison Group: 10/01/03 - 03/31/04
 Login/Internal ID: LISA01/1234 Report Version Number: 1.07

	Facility		Observed Percent	Comparison Group	
	Num	Denom		State Average	National Average
Gender					
Male	7	46	15.2%	32.4%	31.1%
Female	39	46	84.8%	67.5%	68.8%
Age					
<25 years old	0	46	0.0%	0.3%	0.5%
25-54 years old	0	46	0.0%	8.1%	5.2%
55-64 years old	0	46	0.0%	6.1%	5.6%
65-74 years old	0	46	0.0%	10.7%	11.3%
75-84 years old	16	46	34.8%	26.7%	28.7%
85+ years old	29	46	63.0%	40.6%	41.4%
Payment Source (all that apply)					
Medicaid per diem	0	46	0.0%	38.8%	30.1%
Medicare per diem	1	46	2.2%	13.5%	15.7%
Medicare ancillary Part A	10	46	21.7%	8.0%	10.1%
Medicare ancillary Part B	0	46	0.0%	3.9%	6.0%
Self or family pays for full per diem	10	46	21.7%	17.2%	12.8%
Medicaid resident liability or Medicare co-payment	0	46	0.0%	4.1%	9.2%
Private insurance per diem (including co-payment)	0	46	0.0%	4.6%	5.0%
All other per diem	0	46	0.0%	1.7%	2.1%
Diagnostic Characteristics					
Psychiatric diagnosis	1	46	2.2%	17.9%	13.0%
Mental retardation	0	46	0.0%	1.7%	1.4%
Hospice	0	46	0.0%	1.0%	1.3%
Type of Assessment					
Admission assessment	35	46	76.1%	31.1%	31.9%

8.5 x 11 in 1 of 1 Local intranet

Facility Characteristics Report from the zip file.

Comparison of the Old and New Reports

Run Date:
10/26/2004 3:12:14 pm
Facility:
LISA01, SACRAMENTO
Comparison Group Used:
All State Facilities: Apr - Jun, 2004

Facility Characteristics

Report Period:
4/ 1/2002 to 9/30/2004
Data Submitted By:
10/25/2004
Facility Login ID:
LISA01

Resident Population	Number of Residents	Facility %*	Comparison Group %*
<u>Gender</u>			
Male	0	0.0	34.9
Female	0	0.0	65.1
<u>Age</u>			
<25 years old	0	0.0	1.2
25 - 54 years old	0	0.0	9.1
55 - 64 years old	0	0.0	8.2
65 - 74 years old	0	0.0	13.8
75 - 84 years old	0	0.0	31.1
85+ years old	0	0.0	36.5
<u>Payment Source (all that apply)</u>			
Medicaid per diem	0	0.0	47.0
Medicare per diem	0	0.0	22.9
Medicare ancillary part A	0	0.0	16.6
Medicare ancillary part B	0	0.0	9.0
Self or family pays for full per diem	0	0.0	10.6
Medicaid resident liability or Medicare co-payment	0	0.0	7.5
Private insurance per diem (including co-payment)	0	0.0	14.1
All other per diem	0	0.0	4.8
<u>Diagnostic Characteristics</u>			
Psychiatric diagnosis	0	0.0	15.8
Mental retardation	0	0.0	2.1
Hospice	0	0.0	1.6
<u>Type of Assessment</u>			
Admission	0	0.0	35.1
Annual	0	0.0	10.2
Significant change in status	0	0.0	6.4
Significant correction of prior full assessment	0	0.0	0.1
Quarterly	0	0.0	48.3
Significant correction of prior quarterly	0	0.0	0.0
All Other	0	0.0	0.0
<u>Stability of Conditions</u>			
Conditions/disease make resident unstable	0	0.0	47.6
Acute episode or chronic flareup	0	0.0	6.0
End-stage disease, 6 or fewer months to live	0	0.0	1.0
<u>Discharge Potential</u>			
No potential	0	0.0	59.0
Within 30 days	0	0.0	11.9
30-90 days	0	0.0	5.1
Uncertain	0	0.0	23.5

Notes: * Numbers may not total to 100% because of missing data.

Facility Characteristics Report

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Facility Name LISA01
City/State SACRAMENTO, CA
Provider Number 855124
Login Internal ID LISA01/1234

Run Date 01/12/05 08:42:31
Report Period 10/01/03 - 03/31/04
Comparison Group 10/01/03 - 03/31/04
Report Version Number 1.07

Gender

Male
Female

Age

<25 years old
25-54 years old
55-64 years old
65-74 years old
75-84 years old
85+ years old

New fields for this report

Facility			Comparison Group	
Num	Denom	Observed Percent	State Average	National Average
7	46	15.2%	32.4%	31.1%
39	46	84.8%	67.5%	68.8%
0	46	0.0%	0.3%	0.5%
0	46	0.0%	8.1%	5.2%
0	46	0.0%	6.1%	5.6%
0	46	0.0%	10.7%	11.3%
16	46	34.8%	26.7%	28.7%
29	46	63.0%	40.9%	41.4%
0	46	0.0%	38.8%	39.1%
1	46	2.2%	13.5%	15.7%
10	46	21.7%	8.0%	10.1%
0	46	0.0%	3.9%	6.0%
10	46	21.7%	17.2%	12.8%
0	46	0.0%	4.1%	9.2%
0	46	0.0%	4.6%	5.0%
0	46	0.0%	1.7%	2.1%
1	46	2.2%	17.9%	13.0%
0	46	0.0%	1.7%	1.4%
0	46	0.0%	1.0%	1.3%
35	46	76.1%	31.1%	31.9%
1	46	2.2%	12.3%	11.2%
0	46	0.0%	8.3%	9.3%
0	46	0.0%	0.1%	0.1%
10	46	21.7%	48.3%	47.5%
0	46	0.0%	0.0%	0.0%
0	46	0.0%	0.0%	0.0%
5	46	10.9%	41.6%	40.8%
34	46	73.9%	15.9%	16.6%
2	46	4.3%	2.0%	2.7%
8	46	17.4%	58.4%	57.7%
4	46	8.7%	1.8%	2.1%
3	46	6.5%	1.6%	1.9%
1	46	2.2%	10.0%	9.7%

Run Date: 10/26/2004 3:12:09 pm	Facility Quality Indicator Profile	Report Period: 4/ 1/2002 to 9/30/2004
Facility: LISA01, SACRAMENTO		Date Submitted By: 10/25/2004
Comparison Group Used: All State Facilities: Apr - Jun, 2002		Facility Login ID: LISA01

Domain / Quality Indicator	# in Num	# in Denom	Facility Percent	Comparison Group Percent	Percentile Rank
<u>Accidents</u>					
1. Incidence of new fractures	0	0		0.9	
2. Prevalence of falls	0	0		7.6	
<u>Behavior/Emotional Patterns</u>					
3. Prevalence of behavioral symptoms affecting others	0	0		16.9	
High risk	0	0		19.3	
Low risk	0	0		9.2	
4. Prevalence of symptoms of depression	0	0		7.9	
5. Prevalence of symptoms of depression without antidepressant therapy	0	0		3.8	
<u>Clinical Management</u>					
6. Use of 9 or more different medications	0	0		42.4	
<u>Cognitive Patterns</u>					
7. Incidence of cognitive impairment	0	0		10.1	
<u>Elimination/Incontinence</u>					
8. Prevalence of bladder or bowel incontinence	0	0		66.3	
High risk	0	0		96.0	
Low risk	0	0		54.6	
9. Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan	0	0		42.0	
10. Prevalence of indwelling catheter	0	0		8.0	
11. Prevalence of fecal impaction	0	0		0.1	
<u>Infection Control</u>					
12. Prevalence of urinary tract infections	0	0		7.5	
<u>Nutrition/Eating</u>					
13. Prevalence of weight loss	0	0		9.4	
14. Prevalence of tube feeding	0	0		13.7	
15. Prevalence of dehydration	0	0		0.5	

Run Date: 10/26/2004 3:12:09 pm	Facility Quality Indicator Profile	Report Period: 4/ 1/2002 to 9/30/2004
Facility: LISA01, SACRAMENTO		Date Submitted By: 10/25/2004
Comparison Group Used: All State Facilities: Apr - Jun, 2002		Facility Login ID: LISA01

Domain / Quality Indicator	# in Num	# in Denom	Facility Percent	Comparison Group Percent	Percentile Rank
<u>Physical Functioning</u>					
16. Prevalence of bedfast residents	0	0		8.7	
17. Incidence of decline in late loss ADLs	0	0		13.0	
18. Incidence of decline in ROM	0	0		7.7	
<u>Psychotropic Drug Use</u>					
19. Prevalence of antipsychotic use, in the absence of psychotic or related conditions	0	0		18.3	
High risk	0	0		45.1	
Low risk	0	0		14.6	
20. Prevalence of anti-anxiety/hypnotic use	0	0		15.3	
21. Prevalence of hypnotic use more than two times in last week	0	0		4.1	
<u>Quality of Life</u>					
22. Prevalence of daily physical restraints	0	0		17.5	
23. Prevalence of little or no activity	0	0		10.6	
<u>Skin Care</u>					
24. Prevalence of stage 1-4 pressure ulcers	0	0		11.5	
High risk	0	0		15.7	
Low risk	0	0		3.8	

Facility Quality Indicator Profile Report (Old System)

Facility Quality Measure/Indicator Report

Page 1 of 2

Facility Name LISA01
 City/State SACRAMENTO, CA
 Provider Number 855134
 Login/Internal ID LISA01/1234

Run Date 01/12/05 09:30:40
 Report Period 10/01/03 - 03/31/04
 Comparison Group 10/01/03 - 03/31/04
 Report Version Number 67

Measure ID Domain/Measure Description

Facility Comparison Group
 Num Denom Observed Percent Adjusted Percent State Average National Average State Percentile

Chronic Care Measures

Accidents

1.1	Incidence of new fractures	1	12	8.3%	-	2.3%	2.1%	96 *
1.2	Prevalence of falls	2	11	18.2%	-	13.4%	13.2%	77

Behavior/Emotional Patterns

2.1	Residents who have become more depressed or anxious	1	13	7.7%	-	16.0%	16.0%	20
2.2	Prevalence of behavior symptoms affecting others: Overall	0	11	0.0%	-	25.0%	19.3%	0
2.2-HI	Prevalence of behavior symptoms affecting others: High risk	0	10	0.0%	-	28.8%	22.5%	0
2.2-LO	Prevalence of behavior symptoms affecting others: Low risk	0	1	0.0%	-	12.7%	8.3%	0
2.3	Prevalence of symptoms of depression without antidepressant therapy	0	11	0.0%	-	7.0%	5.4%	0

Clinical Management

3.1	Use of 9 or more different medications	4	11	36.4%	-	52.4%	57.0%	11
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Cognitive Patterns

4.1	Incidence of cognitive impairment	0	2	0.0%	-	10.7%	12.7%	0
-----	-----------------------------------	---	---	------	---	-------	-------	---

Elimination/Incontinence

5.1	Low-risk residents who lost control of their bowels or bladder	1	9	11.1%	-	39.4%	46.2%	7
5.2	Residents who have had a catheter inserted and left in their bladder	0	11	0.0%	0.0%	8.1%	7.9%	0
5.3	Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan	2	7	28.6%	-	4.4%	5.1%	97 *
5.4	Prevalence of fecal impaction	0	11	0.0%	-	0.1%	0.1%	0

Infection Control

6.1	Residents with a urinary tract infection	0	11	0.0%	-	7.5%	9.2%	0
-----	--	---	----	------	---	------	------	---

Nutrition/Eating

7.1	Residents who lose body weight	2	11	18.2%	-	11.3%	11.1%	87
7.2	Prevalence of tube feeding	0	11	0.0%	-	5.5%	7.5%	0
7.3	Prevalence of dehydration	0	11	0.0%	-	0.4%	0.5%	0

Pain Management

8.1	Residents who have moderate to severe pain	0	11	0.0%	0.0%	6.7%	7.9%	0
-----	--	---	----	------	------	------	------	---

Physical Functioning

9.1	Residents whose need for help with daily activities has increased	1	13	7.7%	-	15.7%	18.3%	21
9.2	Residents who spend most of their time in bed or in a chair	0	11	0.0%	-	3.0%	5.7%	0
9.3	Residents whose ability to move in and around their room got worse	2	9	22.2%	25.4%	15.4%	17.1%	88
9.4	Incidence of decline in ROM	1	12	8.3%	-	9.2%	9.1%	63

Psychotropic Drug Use

10.1	Prevalence of antipsychotic use, in the absence of psychotic or related conditions: Overall	0	10	0.0%	-	23.9%	21.6%	0
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Note for QM measures: Dashes indicate adjusted percent could not be computed or measure not risk-adjusted

New fields for this report

Facility Quality Measure/Indicator Report									
Facility Name		LISA01		Run Date		01/25/05 16:04:30			
City/State		SACRAMENTO, CA		Report Period		1001/03 - 03/31/04			
Provider Number		855134		Comparison Group		1001/03 - 03/31/04			
Login/Internal ID		LISA01H234		Report Version Number		4.0			
Measure ID	Domain/Measure Description	Num	Denom	Observed Percent	Adjusted Percent	State Average	National Average	State Percentile	
Chronic Care Measures									
Psychotropic Drug Use									
10.1	Prevalence of antipsychotic use, in the absence of psychotic or related conditions: Overall	0	10	0.0%	-	23.9%	21.6%	0	
10.1-HI	Prevalence of antipsychotic use, in the absence of psychotic or related conditions: High risk	-	0	-	-	42.5%	45.2%	-	
10.1-LO	Prevalence of antipsychotic use, in the absence of psychotic or related conditions: Low risk	0	10	0.0%	-	19.8%	17.6%	0	
10.2	Prevalence of antianxiety/hypnotic use	0	10	0.0%	-	18.4%	18.4%	0	
10.3	Prevalence of hypnotic use more than two times in last week	0	11	0.0%	-	4.5%	4.0%	0	
Quality of Life									
11.1	Residents who were physically restrained	0	11	0.0%	-	4.9%	7.5%	0	
11.2	Prevalence of little or no activity	4	11	36.4%	-	12.1%	10.4%	96	*
Skin Care									
12.1	High-risk residents with pressure ulcers	0	3	0.0%	-	18.3%	16.0%	0	
12.2	Low-risk residents with pressure ulcers	1	8	12.5%	-	3.6%	3.6%	96	*
Post-Acute Care (PAC) Measures									
13.1	Short-stay residents with delirium	1	13	7.7%	6.9%	3.3%	3.6%	83	
13.2	Short-stay residents who had moderate to severe pain	0	13	0.0%	-	20.5%	22.3%	0	
13.3	Short-stay residents with pressure ulcers	1	13	7.7%	11.1%	20.6%	20.3%	17	

Note: Dashes represent a value that could not be computed

Facility Quality Measure/Indicator Report (New System)

Quality Measure/Indicator Monthly Trend Report
Measure: New fractures

Page 1 of 1

Facility Name: LISA01
City/State: SACRAMENTO, CA
Provider Number: 855124
Login/Internal ID: LISA01/1234

Run Date: 1/12/2006 19:23:14
Report Period: 10/03 - 03/04
Report Version Number: 1.07



Report Period		Facility			Comparison Group	
Start Month	End Month	Num	Den	Obs Pont	State	National
May-03	Oct-03	1	13	7.7%	2.8%	2.2%
Jun-03	Nov-03	0	13	0.0%	3.0%	2.2%
Jul-03	Dec-03	1	13	7.7%	2.7%	2.2%
Aug-03	Jan-04	2	14	14.3%	2.5%	2.2%
Sep-03	Feb-04	2	13	15.4%	2.3%	2.2%
Oct-03	Mar-04	1	12	8.3%	2.3%	2.1%

The Monthly Trend Report shows a facility's monthly scores on any single QI/QM measure. The months that are displayed are based upon the time period selected by the user. For each month, the report displays the facility's score as well as the average score for the facility's state and for the nation. The data are displayed in both tabular and graphical form, allowing the user to determine whether the facility's scores are increasing or decreasing over time and how those scores compare with state and national averages.

Run Date: 10/26/2004 3:12:17 pm

Resident Level Quality Indicator Summary

Report Period: 4/1/2002 to 9/30/2004

Data Submitted By: 10/25/2004

Facility: LISA01, SACRAMENTO CA

Facility Login ID: LISA01

Resident Name	Most Recent Assessment			Accidents		Behavioral		Cln		Cogn		Elimination/Continence		Infect		Nutrition		Phys Function		Psych Drug Use		Q. of Life		Skin Care		Total	
	Date	AA8a	AA8b	Type	New Pract	Falls	Problems Behavioral	Drops	Deers No Tr	9+ Med	Cog Impair	Incontinent	Incontinent No Tr	Inch Cath	Fecal Incont	UTIa	Wt. Loss	Food Tube	Dehydr	Bedric	Decl ADLs	Decl ROM	Anti-Anxiety	Anti-Dep	Anti-Pain		Pruritus Uter
Active Residents																											
Mdshha01, Mdshnapar	7/ 3/2002	02		Y																							0
Reslink_02, Resident2	7/ 3/2002	02		Y																							0
Reslink_04, Resident4	7/ 3/2002	02		Y																							0

Type (recrype) codes. Character 1: A=admission (AA8a=01); Y=any full assess. (annual, sign. change, sign. correction) (AA8a=02, 03, 04); Q=quarterly (AA8a=05, 10); O=other (AA8a=00)

Character 2: M=Medicare (AA8b=1, 2, 3, 4, 5, 7, 8); O=other state required (AA8b=5)

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Page 1 of 1

New fields for
this report

Resident Level Quality Measure/Indicator Report: Chronic Care Sample

Page 1 of 2

Facility Name LISA01
City/State SACRAMENTO, CA
Provider Number 855124
Login Internal ID LISA01/1234

Run Date 01/12/05 10:10:19
Report Period 10/01/03 - 03/31/04
Report Version Number 1.07

		Accid		Behavioral		Clin	Cog	Elim/Incont		Infect	Nutrit/Ea		Pain	Phys Functioning		Psych Drug Use		Qual Life	Skin Care												
Resident Int Id	Resident Name	AAsa	New Fract	Falls	Depression	Problem Behavior		Dprs No Tx	9+ Meds	Cog Impair	Bw/Blad Incont	Cath Insert	Incont No TP	Fecal Impact	UTIs	Wt Loss	Tube Feed	Obv	Mod/Sevr Pain	AOL Help Inct	Most Time Chair	Move Ability Wise	Decln ROM	Articlv w/o Psychotic Condition	Artic-anx/Handrt	Hndrt 2x Week	Phys Rstrn	Little Actlv	Pressure Ulcers	Count	
						Hi	Lo																								Hi
Active Residents																															
9999999	Doe, John	05		X				X																					X	3	
9999999	Doe, John	05									X		X								X									3	
9999999	Doe, John	05																									X			1	
9999999	Doe, John	05																												0	
9999999	Doe, John	01																												0	
9999999	Doe, John	01		X				X																						2	
9999999	Doe, John	01						X			X			X						X							X			5	
9999999	Doe, John	05																												0	
9999999	Doe, John	01						X																						1	
9999999	Doe, John	05						X																						1	
9999999	Doe, John	01	X								X																			2	
9999999	Doe, John	05		X								X				X														2	
9999999	Doe, John	05	X					X					X													X				3	
9999999	Doe, John	05						X																						1	
9999999	Doe, John	01	X					X		X	X	X														X				5	
Discharged Residents																															
9999999	Doe, John	01			X															X	X									3	
9999999	Doe, John	01																X												1	
9999999	Doe, John	01	X					X																						2	
9999999	Doe, John	01	X								X																	X		3	
9999999	Doe, John	05														X										X				2	
9999999	Doe, John	01	X					X																		X				3	
9999999	Doe, John	02																									X			1	
9999999	Doe, John	01						X																						1	

Note: X=triggered, blank=not triggered or excluded.

Resident Level Quality Measure/Indicator Report: Chronic Care Sample (New System)

Resident Level Quality Measure/Indicator Report: Post Acute Care Sample

Page 1 of 1

Facility Name: LISA01
City/State: SACRAMENTO, CA
Provider Number: 855134
Login/Internal ID: LISA01/1234

Run Date: 01/12/05 10:33:21
Report Period: 10/01/03 - 03/31/04
Report Version Number: 1.07

Resident Init	Resident Name	Detm	ModPur Pain	Prior User	Cont
Active Residents					
333333	Doe, John				0
333333	Doe, John				0
333333	Doe, John				0
333333	Doe, John				0
333333	Doe, John				0
Discharged Residents					
333333	Doe, John				0
333333	Doe, John				0
333333	Doe, John				0
333333	Doe, John				0
333333	Doe, John				0
333333	Doe, John	X		X	2
333333	Doe, John				0
333333	Doe, John				0

Note: X=triggered, blank=not triggered or excluded.

Run Date: 10/26/2004 3:12:22 PM	Resident Listing	Report Period: 4/ 1/2002 to 9/30/2004
Facility: LISA01, SACRAMENTO CA		Date Submitted By: 10/25/2004 Facility Login ID: LISA01

<u>Resident ID</u>	<u>Resident Name</u>	<u>Most Recent Assessment</u>		<u>Previous Assessment</u>		<u>Discharge Date</u>	<u>Room #</u>	<u>DOB</u>	<u>SSN</u>	<u>Medicare #</u>
		<u>Date</u>	<u>AAAs</u>	<u>Date</u>	<u>AAAs</u>					
1904782	Mdshha01, Mdshhapar	7/ 3/2002	02				123	2/ 4/1960	530788999	122004001A
1904750	Reslink_02, Resident2	7/ 3/2002	02				123	1/ 2/1902	530904102	486215302
1904752	Reslink_04, Resident4	7/ 3/2002	02				123	1/ 2/1902	530904104	486215302

New fields for
this report

Resident Listing Report: Chronic Care Sample

Page 1 of 2

Facility Name LISA01
City/State SACRAMENTO, CA
Provider Number 855134
Login Internal ID LISA01W234

Run Date 1/12/2005 12:44:22
Report Period 10/01/2003 - 03/31/2004
Report Version Number 1.07

Resident
Int ID Resident Name

Active Residents

333333 Doc, John

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Gender	DOB	Room No.	Target Assessment A3a	AA8a/ AA8b	Prior Assessment A3a	AA8a/ AA8b	Discharge Date
M	09/07/1921	0362	02/25/2004	05/6	12/03/2003	01/1	
M	06/10/1915	362-1	03/17/2004	05/6	12/30/2003	01/1	
M	02/05/1901	360-2	03/17/2004	05/6	12/24/2003	01/1	
M	01/25/1902	3501	03/24/2004	05/6	12/30/2003	01/1	
M	04/13/1903	0349	03/16/2004	01/1			
M	07/30/1916	0340	02/21/2004	01/1			
M	09/03/1911	0348	03/05/2004	01/1			
M	05/03/1911	3502	01/21/2004	05/6	10/29/2003	05/6	
F	08/23/1923	0348	12/22/2003	01/1			
M	01/31/1925	343	02/25/2004	05/6	12/03/2003	05/6	
M	10/09/1921	0357	03/16/2004	01/1			
M	11/25/1916	362-2	01/07/2004	05/6	10/13/2003	01/6	
M	02/08/1908	0341	03/10/2004	05/6	12/12/2003	01/1	
M	09/17/1911	346	02/04/2004	05/6	11/11/2003	02/6	
M	11/04/1913	0354	03/25/2004	01/1			
M	09/19/1917	0349	01/13/2004	01/1	11/21/2003	01/1	01/26/2004
M	06/15/1925	0357	03/09/2004	01/1			03/14/2004
M	01/27/1929	0359	12/29/2003	01/1			01/23/2004
M	09/05/1910	0354	11/25/2003	01/1			12/09/2003
M	03/25/1908	350-1	01/21/2004	05/6	10/29/2003	05/6	03/24/2004
M	02/16/1927	0357	01/16/2004	01/1			02/11/2004
M	08/29/1910	357	10/08/2003	02/6	07/16/2003	05/6	01/09/2004
F	10/01/1916	0349	03/10/2004	01/1			03/15/2004
M	05/02/1917	0340	11/07/2003	01/1			11/13/2003
F	12/09/1918	0348	12/02/2003	01/1			12/17/2003
M	09/15/1920	0348	01/30/2004	01/1			02/09/2004
M	09/08/1913	0349	12/30/2003	01/1			01/08/2004
F	10/03/1922	0354	11/13/2003	01/1			11/20/2003
M	11/05/1926	0359	02/21/2004	01/1			02/25/2004
F	05/20/1920	0349	12/16/2003	01/1			12/30/2003
M	04/24/1918	0357	02/25/2004	01/1			03/08/2004
M	03/23/1925	0359	03/16/2004	01/1			03/26/2004
M	08/18/1916	0360	11/12/2003	01/1			12/01/2003
M	09/21/1910	0360	12/12/2003	01/1			12/22/2003
M	04/19/1916	0362	10/27/2003	01/1			11/06/2003
M	03/26/1925	0349	02/09/2004	01/1			02/15/2004
M	01/10/1917	0349	10/23/2003	01/1			12/12/2003
M	12/17/1923	0348	02/17/2004	01/1			02/26/2004
M	07/12/1915	0360	10/30/2003	01/1			11/10/2003
M	02/19/1926	0354	12/13/2003	01/1			12/17/2003
F	12/11/1915	0348	01/16/2004	01/1	09/15/2003	01/1	01/22/2004
M	05/27/1926	0354	12/18/2003	01/1			12/29/2003
F	05/26/1917	0354	10/30/2003	01/1			11/12/2003

Resident Listing Report: Chronic Care Sample (New System)

Resident Listing Report: Post Acute Care Sample

Page 1 of 1

Facility Name	LISA01	Run Date	01/12/2005 12:23:04
City/State	SACRAMENTO, CA	Report Period	10/01/2003 - 03/31/2004
Provider Number	855124	Report Version Number	1.07
Login/Internal ID	LISA01/1234		

Resident Int Id	Resident Name	Gender	DOB	Room No.	Target Assessment		Prior Assessment		Discharge Date
					ASa	ASa/ ASb	ASa	ASa/ ASb	
Active Residents									
333333	DOE, JOHN	M	09/07/1921	0362	12/13/2003	00/7	12/03/2003	01/1	
333333	DOE, JOHN	M	01/25/1902	0354	01/09/2004	00/7	12/30/2003	01/1	
333333	DOE, JOHN	M	07/30/1916	0359	03/02/2004	00/7	02/21/2004	01/1	
333333	DOE, JOHN	M	09/03/1911	0348	03/15/2004	00/7	03/05/2004	01/1	
333333	DOE, JOHN	M	10/09/1921	0357	03/26/2004	00/7	03/16/2004	01/1	
Discharged Residents									
333333	DOE, JOHN	M	01/27/1929	0359	01/09/2004	00/7	12/29/2003	01/1	01/23/2004
333333	DOE, JOHN	M	09/05/1910	0354	12/05/2003	00/7	11/25/2003	01/1	12/09/2003
333333	DOE, JOHN	M	02/16/1927	0357	01/26/2004	00/7	01/16/2004	01/1	02/11/2004
333333	DOE, JOHN	F	12/09/1918	0348	12/12/2003	00/7	12/02/2003	01/1	12/17/2003
333333	DOE, JOHN	M	08/18/1916	0360	11/22/2003	00/7	11/12/2003	01/1	12/01/2003
333333	DOE, JOHN	M	01/10/1917	0349	11/04/2003	00/7	10/23/2003	01/1	12/12/2003
333333	DOE, JOHN	M	06/28/1906	0348	11/03/2003	00/7	10/24/2003	01/1	11/21/2003
333333	DOE, JOHN	M	03/19/1909	0359	01/29/2004	00/7	01/19/2004	01/1	02/06/2004

General Report Information

Measure Comparison - New Versus Old Measures

QI/QM Measures on New Reports	QI Measure ¹	QM Measure ²	Comments ³
<i>Chronic Care Measures</i>			
<i>Accidents</i>			
1.1 Incidence of new fractures	1		
1.2 Prevalence of falls	2		
<i>Behavior/Emotional Patterns</i>			
2.1 Residents who have become more depressed or anxious		CMOD03	Replaces QI 4 (prevalence of symptoms of depression). Note: QI 4 was a prevalence measure, while the new measure is an incidence measure and may have quite different values.
2.3 Prevalence of symptoms of depression without antidepressant therapy	5		

¹QI numbers correspond to the numbering on the old QI reports.

²QM abbreviations correspond to their designations in the QM user's manual.

³ QMs have replaced QIs when their definitions are similar (although they may not be identical). QIs with no equivalent QM have been retained. Three QIs have been dropped without replacement: QI 8 [Overall] Prevalence of bladder or bowel incontinence, QI 8-HI High risk prevalence of bladder or bowel incontinence, and QI-24 [Overall] Prevalence of stage 1-4 pressure ulcers.

Measure Comparison - New Versus Old Measures

QI/QM Measures on New Reports	QI Measure ¹	QM Measure ²	Comments ³
<i>Chronic Care Measures</i>			
<i>Behavior/Emotional Patterns</i>			
2.2 Prevalence of behavior symptoms affecting others	3		
2.2-HI High risk	3-HI		
2.2-LO Low risk	3-LO		
<i>Clinical Management</i>			
3.1 Use of 9 or more different medications	6		
<i>Cognitive Patterns</i>			
4.1 Incidence of cognitive impairment	7		

¹QI numbers correspond to the numbering on the old QI reports.

²QM abbreviations correspond to their designations in the QM user's manual.

³ QMs have replaced QIs when their definitions are similar (although they may not be identical). QIs with no equivalent QM have been retained. Three QIs have been dropped without replacement: QI 8 [Overall] Prevalence of bladder or bowel incontinence, QI 8-HI High risk prevalence of bladder or bowel incontinence, and QI-24 [Overall] Prevalence of stage 1-4 pressure ulcers.

Measure Comparison - New Versus Old Measures

QI/QM Measures on New Reports	QI Measure ¹	QM Measure ²	Comments ³
<i>Chronic Care Measures</i>			
<i>Elimination/Incontinence</i>			
5.1 Low-risk residents who lost control of their bowels or bladder		CCNT06	Replaces QI 8-LO (prevalence of bladder or bowel incontinence: low risk)
5.3 Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan	9		
5.2 Residents who have/had a catheter inserted and left in their bladder		CCAT02	Replaces QI 10 (prevalence of indwelling catheter)
5.4 Prevalence of fecal impaction	11		
<i>Infection Control</i>			
6.1 Residents with a urinary tract infection		CCNT04	Replaces QI 12 (prevalence of urinary tract infection)

¹QI numbers correspond to the numbering on the old QI reports.

²QM abbreviations correspond to their designations in the QM user's manual.

³ QMs have replaced QIs when their definitions are similar (although they may not be identical). QIs with no equivalent QM have been retained. Three QIs have been dropped without replacement: QI 8 [Overall] Prevalence of bladder or bowel incontinence, QI 8-HI High risk prevalence of bladder or bowel incontinence, and QI-24 [Overall] Prevalence of stage 1-4 pressure ulcers.

Measure Comparison - New Versus Old Measures

QI/QM Measures on New Reports	QI Measure ¹	QM Measure ²	Comments ³
<i>Chronic Care Measures</i>			
<i>Nutrition/Eating</i>			
7.1 Residents who lose too much weight		CWLS	Replaces QI 13 (prevalence of weight loss) and differs from QI 13 as an exclusion for residents with hospice care has been added.
7.2 Prevalence of tube feeding	14		
7.3 Prevalence of dehydration	15		
<i>Pain Management</i>			
8.1 Residents who have moderate to severe pain		CPAI0X	

¹QI numbers correspond to the numbering on the old QI reports.

²QM abbreviations correspond to their designations in the QM user's manual.

³ QMs have replaced QIs when their definitions are similar (although they may not be identical). QIs with no equivalent QM have been retained. Three QIs have been dropped without replacement: QI 8 [Overall] Prevalence of bladder or bowel incontinence, QI 8-HI High risk prevalence of bladder or bowel incontinence, and QI-24 [Overall] Prevalence of stage 1-4 pressure ulcers.

Measure Comparison - New Versus Old Measures

QI/QM Measures on New Reports	QI Measure ¹	QM Measure ²	Comments ³
<i>Chronic Care Measures</i>			
<i>Physical Functioning</i>			
9.1 Residents whose need for help with daily activities has increased		CADL01	Replaces QI 17 (incidence of decline in late loss ADLs)
9.2 Residents who spend most of their time in bed or in a chair		CBFT01	Replaces QI 16 (prevalence of bedfast residents).
9.3 Residents whose ability to move in and around their room got worse		CMOB01	
9.4 Incidence of decline in ROM	18		
<i>Psychotropic Drug Use</i>			
10.1 Prevalence of antipsychotic use, in the absence of psychotic or related conditions	19		
10.1-HI High risk	19-HI		

¹QI numbers correspond to the numbering on the old QI reports.

²QM abbreviations correspond to their designations in the QM user's manual.

³ QMs have replaced QIs when their definitions are similar (although they may not be identical). QIs with no equivalent QM have been retained. Three QIs have been dropped without replacement: QI 8 [Overall] Prevalence of bladder or bowel incontinence, QI 8-HI High risk prevalence of bladder or bowel incontinence, and QI-24 [Overall] Prevalence of stage 1-4 pressure ulcers.

Measure Comparison - New Versus Old Measures

QI/QM Measures on New Reports	QI Measure ¹	QM Measure ²	Comments ³
<i>Chronic Care Measures</i>			
<i>Psychotropic Drug Use</i>			
10.1-LO Low risk	19-LO		
10.2 Prevalence of antianxiety/hypnotic use	20		
10.3 Prevalence of hypnotic use more than two times in last week	21		
<i>Quality of Life</i>			
11.1 Residents who were physically restrained		CRES01	Replaces QI 22 (prevalence of daily physical restraints)
11.2 Prevalence of little or no activity	23		

¹QI numbers correspond to the numbering on the old QI reports.

²QM abbreviations correspond to their designations in the QM user's manual.

³ QMs have replaced QIs when their definitions are similar (although they may not be identical). QIs with no equivalent QM have been retained. Three QIs have been dropped without replacement: QI 8 [Overall] Prevalence of bladder or bowel incontinence, QI 8-HI High risk prevalence of bladder or bowel incontinence, and QI-24 [Overall] Prevalence of stage 1-4 pressure ulcers.

Measure Comparison - New Versus Old Measures

QI/QM Measures on New Reports	QI Measure ¹	QM Measure ²	Comments ³
<i>Chronic Care Measures</i>			
<i>Skin Care</i>			
12.1 High-risk residents with pressure ulcers		CPRU02	Replaces QI 24-HI (prevalence of stage 1-4 pressure ulcers: high risk)
12.2 Low-risk residents with pressure ulcers		CPRU03	Replaces QI 24-LO (prevalence of stage 1-4 pressure ulcers: low risk)
<i>Post-Acute Care (PAC) Measures</i>			
13.1 Short-stay residents with delirium		PAC-DELOX	
13.2 Short-stay residents who had moderate to severe pain		PAC-PAIOX	
13.3 Short-stay residents with pressure ulcers		PAC-PRU0X	

¹QI numbers correspond to the numbering on the old QI reports.

²QM abbreviations correspond to their designations in the QM user's manual.

³ QMs have replaced QIs when their definitions are similar (although they may not be identical). QIs with no equivalent QM have been retained. Three QIs have been dropped without replacement: QI 8 [Overall] Prevalence of bladder or bowel incontinence, QI 8-HI High risk prevalence of bladder or bowel incontinence, and QI-24 [Overall] Prevalence of stage 1-4 pressure ulcers.

Comparison of Old and New Record Selection Methods

The old QI reports and the new QI/QM reports both make use of three MDS records for each resident. First, a *target assessment* is selected. The target assessment is used as the basis for calculating all measures. The target assessment is supplemented by a *prior assessment* and a *most recent full assessment*. The prior assessment is used as a baseline and is compared to the target assessment for calculating incidence measures. The most recent full assessment is used to "carry-forward" MDS items not included on the target assessment, when the target assessment is a quarterly assessment with a partial set of MDS items.

The new QI/QM reports contain mixture of QI and QM measures. Where a QM measure existed that was similar to an existing QI measure, the QI was replaced with the QM. QIs that have no equivalent among the QM measures were retained.

The record selection methods for the QI and QM systems are somewhat different. To aid in understanding and using the new reports, the QM record selection methods were applied to all measures.

The following table summarizes the record selection methods used on the old and new reports. This table shows the time period and type of assessments that are used as target, prior, and most recent full assessments for the old reports and for the new reports. In each case, the most recent qualifying assessment, if any, within each time period is selected as the target assessment. For example, in the old QI reports, the target assessment is the most recent OBRA assessment that has an assessment reference date (A3a) in the user-defined target period.

Type of Measure	Record Characteristics	Type of Record		
		Target Assessment	Prior Assessment	Most Recent Full Assessment
QIs (old reports)	<i>Time period</i>	User defined (6 month default)	Any time before the target assessment.	Any time before the target assessment.
	<i>RFA</i> ¹	OBRA ²	Any type of assessment (except discharge and reentry tracking forms).	Full assessment ³ .
Chronic care QIs and QMs (new reports)	<i>Time period</i>	User defined (6 month default)	Between 46 and 165 days before the target assessment.	No more than 13 months before the target assessment.
	<i>RFA</i> ¹	OBRA ²	OBRA ²	Full assessment ³ .
Post acute care (PAC) QMs (new reports only)	<i>Time period</i>	User defined (6 month default)	Between 3 and 18 days before the target assessment.	Not used.
	<i>RFA</i> ¹	14-day assessment ⁴	5-day assessment ⁵	Not used.

Table Notes:

¹Reason for assessment (values of AA8a and AA8b).

²OBRA assessment: AA8a = 01, 02, 03, 04, 05, or 10. Note that some residents are excluded from some measures if the target assessment is an admission assessment (AA8a=01).

³Full assessment: AA8a = 01, 02, 03, or 04.

⁴14-day assessment: AA8b=7.

⁵5-day assessment: AA8b=1.

Calculation Frequency Differences Between the Old MDS QI and New MDS QI/QM Reports

The data on the old QI reports was recalculated following each submission of assessment records. The data on the new MDS QI/QM reports will be calculated on a weekly basis instead. The calculations will be performed early every Monday morning and the values on the reports will be constant until the calculations are performed again the following Monday. For example, if the reports are requested on Tuesday and again on the following Friday, the data on the reports will remain the same regardless of whether additional assessments had been submitted throughout the week.

MDS QI/QM Reports vs. Nursing Home Compare

Why Are My Statistics on the MDS QI/QM Reports Different from Nursing Home Compare?

All of the quality measures (QMs) that are on Nursing Home Compare (NHC) are on the CASPER MDS QI/QM Reports and identical logic is used on both systems to determine whether each assessment triggers each QM. Nevertheless, if you compare the statistics for your facility on NHC with the statistics on the MDS QI/QM Reports, you may find that the results are somewhat different. There are a number of reasons why the statistics may be different:

1. Timing. NHC is run once a quarter while the statistics that are reported on the MDS QI/QM System are updated weekly. It is therefore likely that the assessment database has changed between the time the NHC statistics were computed and the time the MDS QI/QM statistics were computed. The MDS QI/QM statistics will reflect any assessments, corrections, and inactivations that were submitted since the NHC statistics were computed.

2. Selection Periods. Every QM is based upon the selection of a target assessment. For NHC, the target assessment must have a reference date within the most recent 3 months for chronic care (CC) measures and the most recent 6 months for post-acute (PAC) measures. On the MDS QI/QM Reports, you are allowed to customize the length of the selection period (by adjusting the beginning and ending date of the report). The default period is 6 months for these reports. If the selection periods you select are different from those used for NHC, the results may not match up.

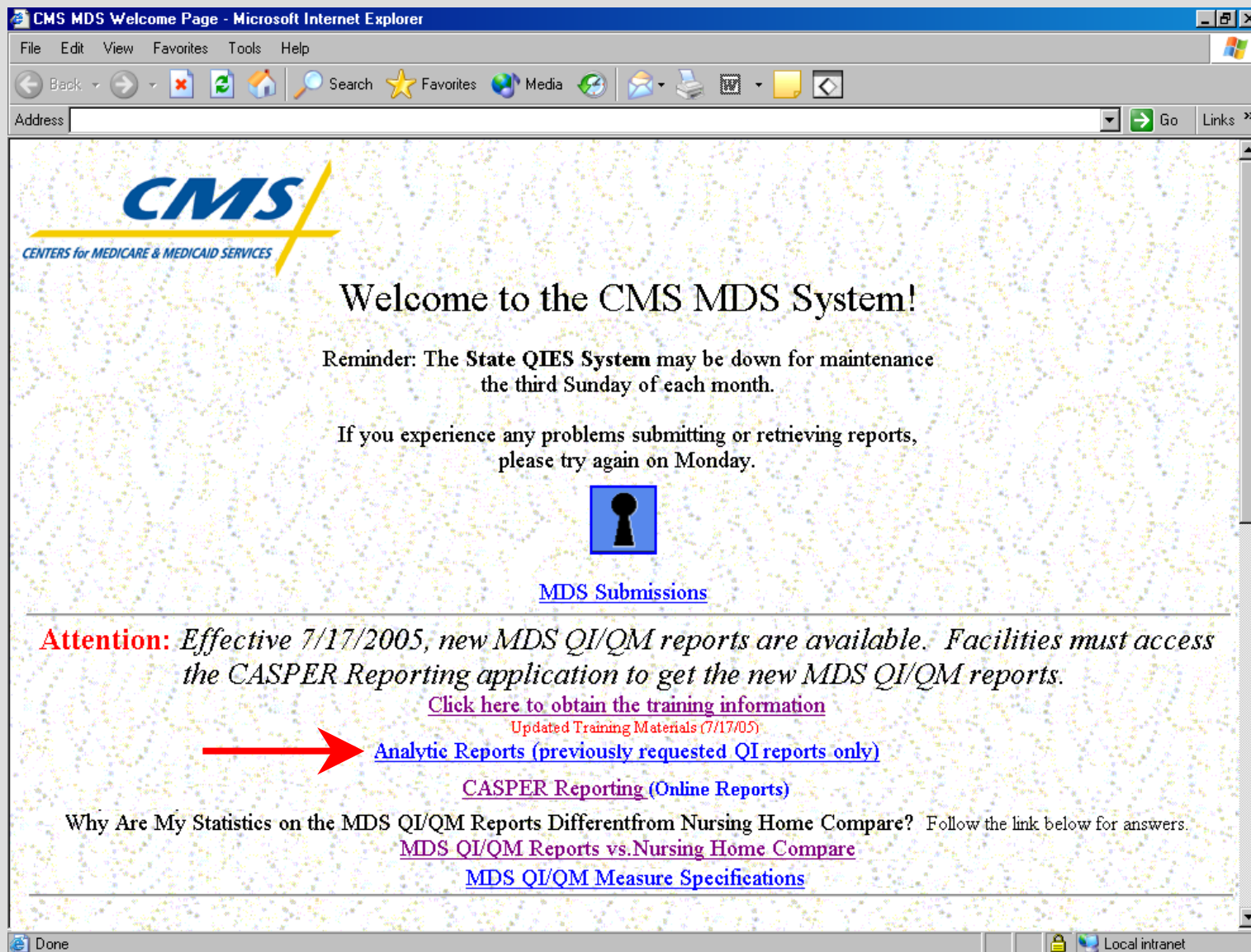
3. Risk Adjustment. Some of the QMs use risk adjustment. These measures have entries in the “adjusted percent” columns on the MDS QI/QM *Facility Quality Measure/Indicator Report*. These adjusted percentages may not match the percentages reported on NHC because of the way the risk adjustment calculations are performed. One of the factors that is used in the risk adjustment calculations is the national average for the QM at the time of calculation. Since the calculations are usually performed at different times for the two systems (see #1 above), the national means may differ and the percentages may be different on the two sets of reports.

4. Minimum Sample Size. NHC does not report a measure for a facility if the denominator for that measure is less than 30 for chronic care measures or less than 20 for post-acute care measures. The MDS QI/QM Reports have no such criteria – statistics are reported regardless of the size of the denominators.

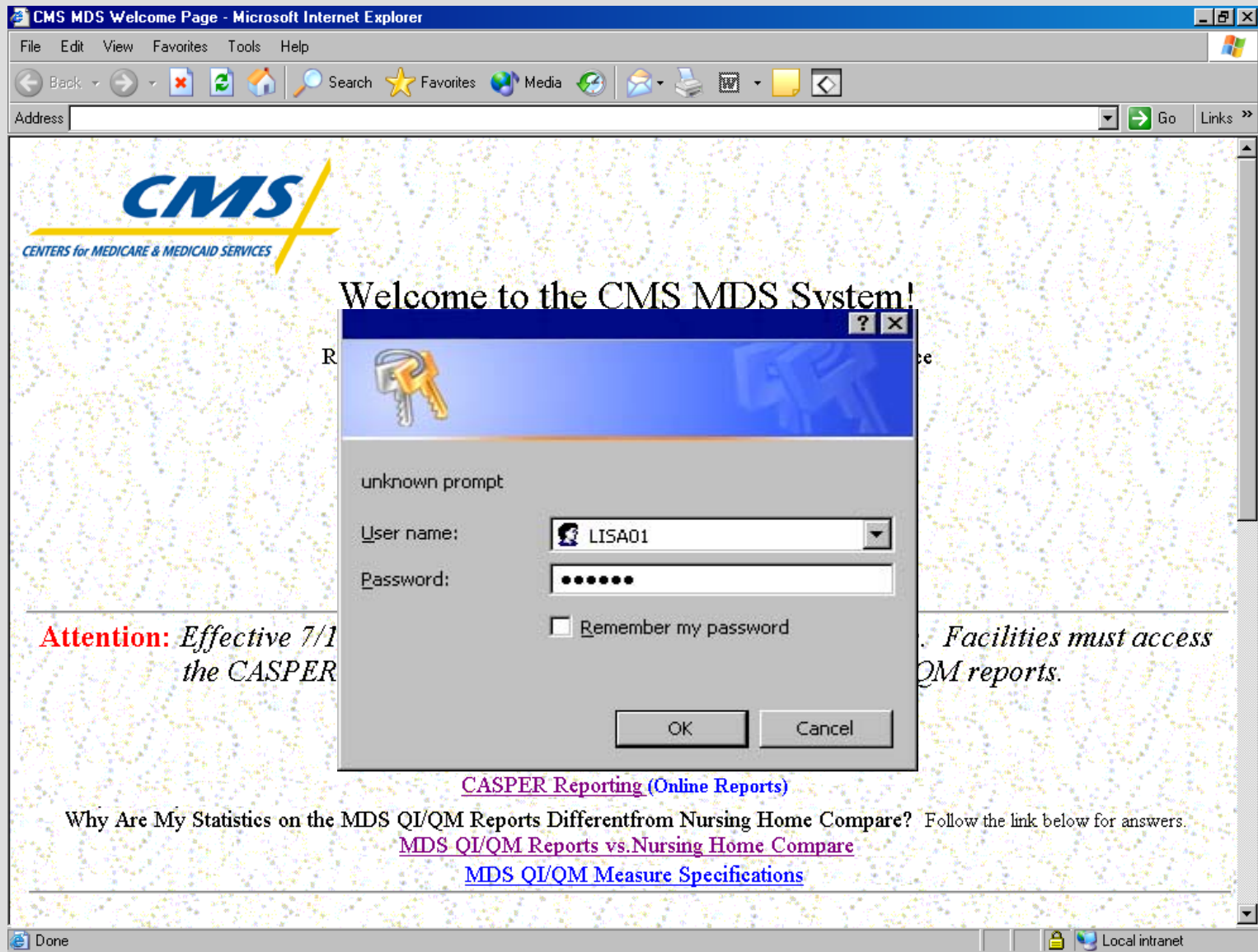
Post Acute Sample vs. Chronic Care Sample Reports

The post acute sample reports contain information specific to residents receiving post acute care. The chronic care sample reports contain information about residents receiving chronic care, but may also contain information for residents receiving post-acute care (PAC). Data about residents receiving post acute care is included in the chronic care sample reports if they are in the facility for 90 days and a quarterly assessment is completed and submitted. In addition, post acute care residents for whom an admission assessment is completed and submitted will be included in the chronic care sample if they have also had a recent (within 46 to 165 days) full or quarterly assessment submitted.

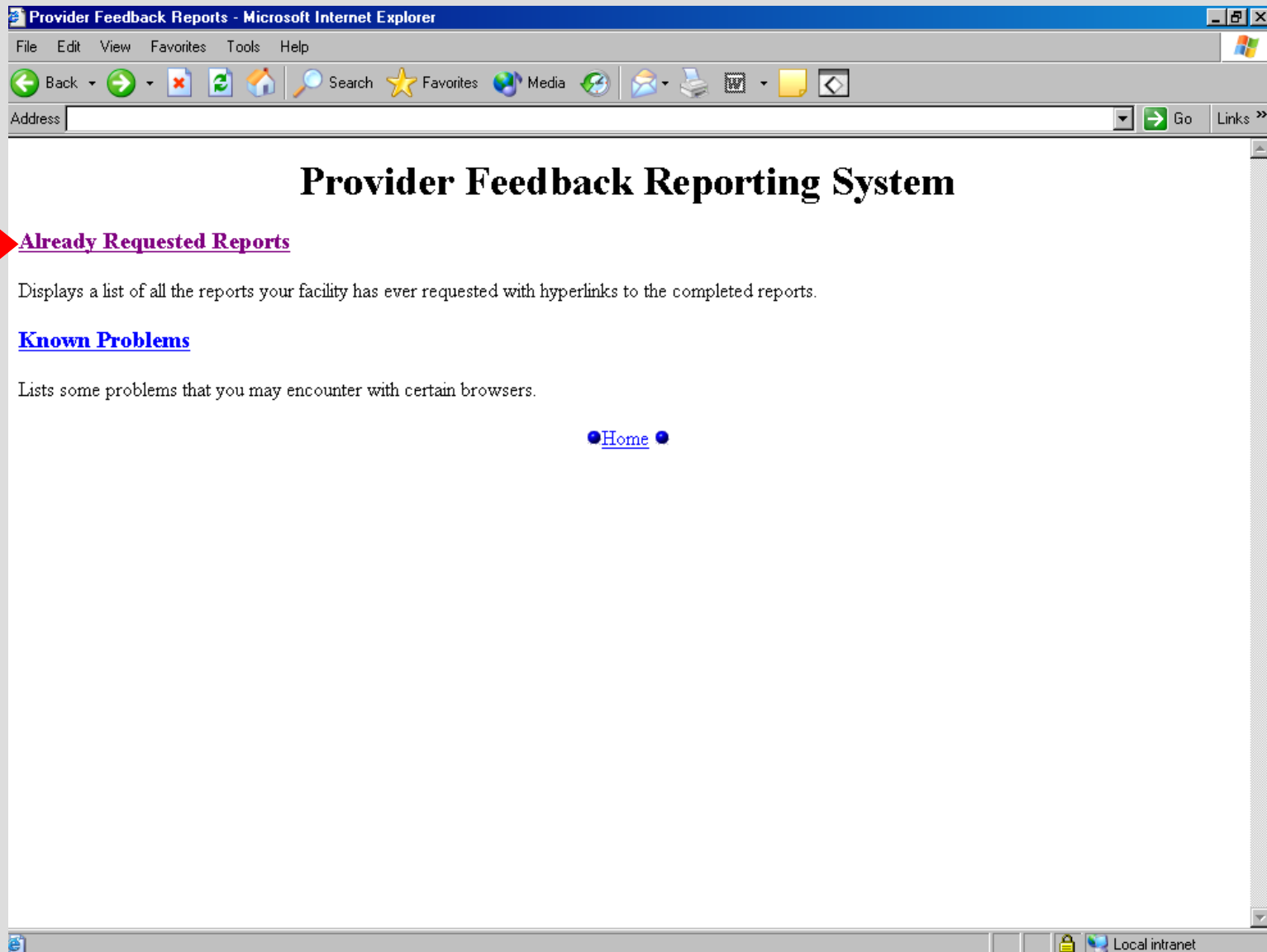
Accessing the Old MDS QI Reports



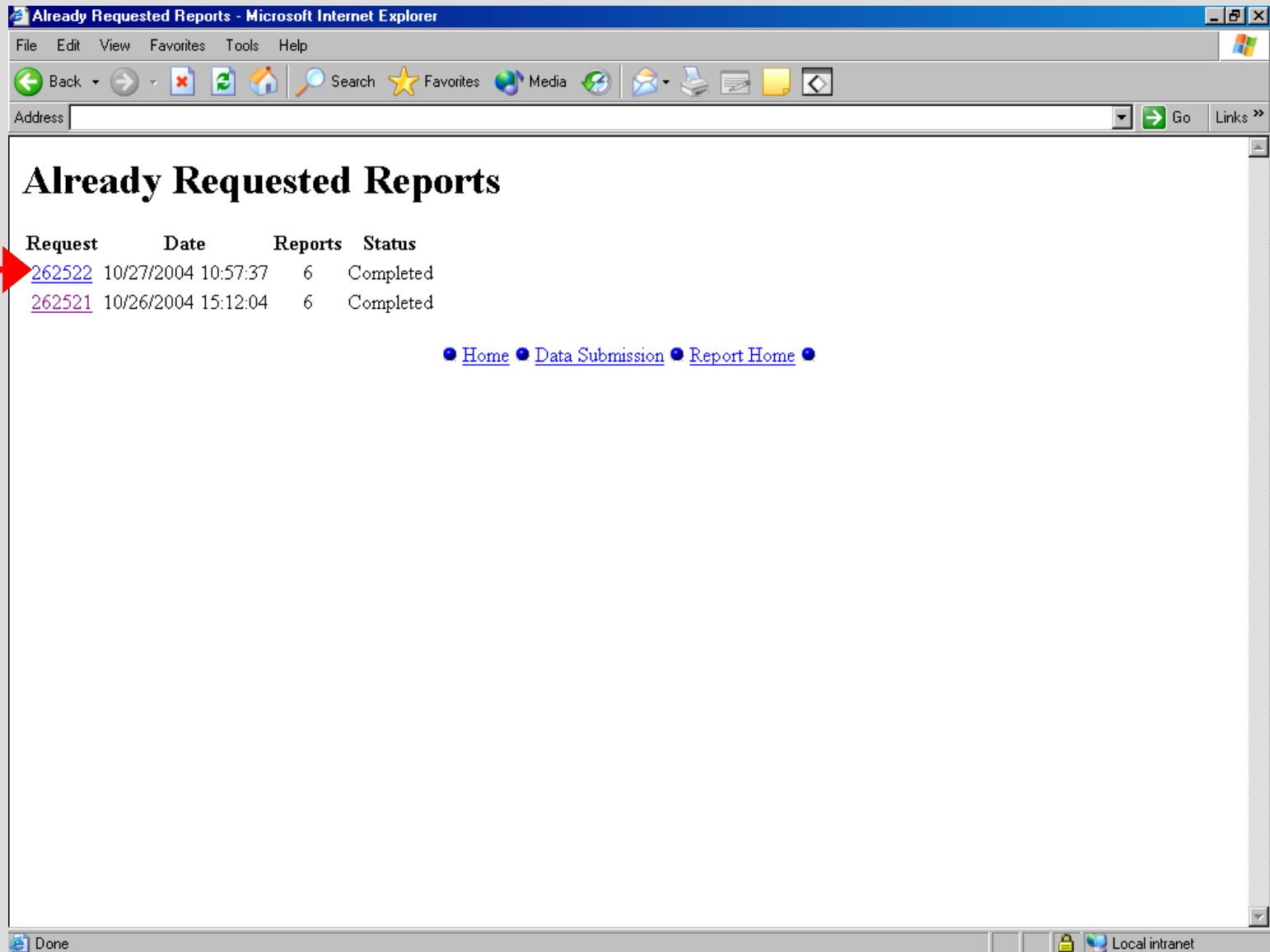
To access the old MDS QI reports, select the Analytic Reports (previously requested QI reports only) link from the CMS MDS System Welcome page. The User name and Password box will display.



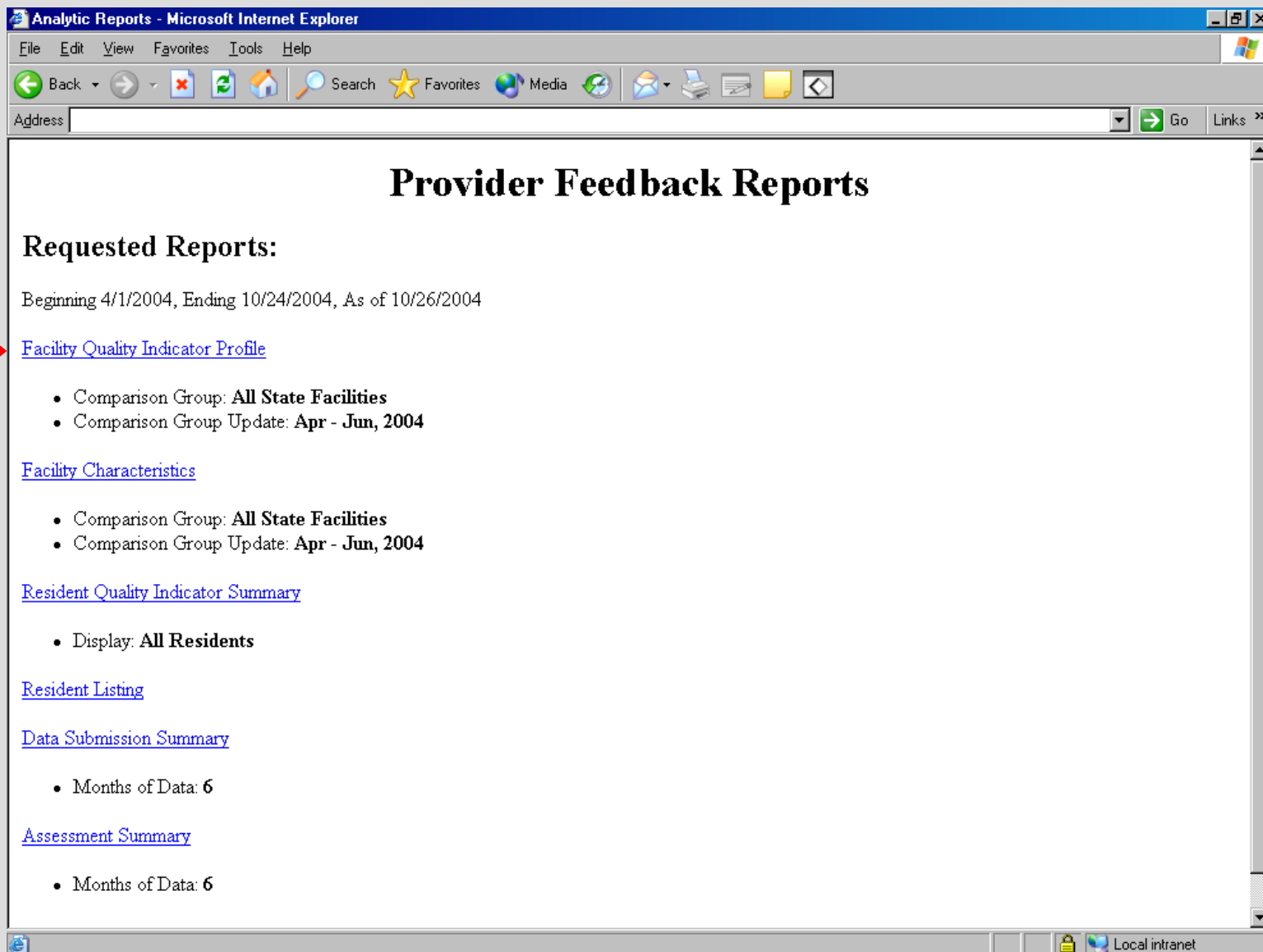
Enter the Use name and Password. The User name and Password are the same that are used for submitting the MDS assessments. Select the OK button and the Provider Feedback Reporting System page will display.



Select the [Already Requested Reports](#) link and the Already Requested Reports page will display.



Select the desired report request number and the Provider Feedback Reports page will display.



Select the desired report name link and the report will display.

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- LISA01
 - Facility Quality Indicator F
 - Facility Characteristics
 - Resident Quality Indicator
 - Resident Listing
 - Data Submission Summa
 - Assessment Summary

Signatures

Layers

Pages

Run Date:
10/27/2004 10:57:40 am

Facility:
LISA01, SACRAMENTO

Comparison Group Used:
All State Facilities: Apr - Jun, 2004

Facility Quality Indicator Profile

Report Period:
4/ 1/2004 to 10/24/2004

Data Submitted By:
10/26/2004

Facility Login ID:
LISA01

Domain / Quality Indicator	# in Num	# in Denom	Facility Percent	Comparison Group Percent	Percentile Rank
<u>Accident:</u>					
1. Incidence of new fractures	0	0		0.9	
2. Prevalence of falls	0	0		7.1	
<u>Behavior/Emotional Pattern:</u>					
3. Prevalence of behavioral symptoms affecting others	0	0		15.6	
High risk	0	0		17.8	
Low risk	0	0		8.0	
4. Prevalence of symptoms of depression	0	0		7.2	
5. Prevalence of symptoms of depression without antidepressant therapy	0	0		3.3	
<u>Clinical Management</u>					
6. Use of 9 or more different medications	0	0		50.2	
<u>Cognitive Patterns</u>					
7. Incidence of cognitive impairment	0	0		9.6	
<u>Elimination/Incontinence</u>					
8. Prevalence of bladder or bowel incontinence	0	0		66.8	
High risk	0	0		96.8	
Low risk	0	0		56.0	
9. Prevalence of occasional or frequent bladder or bowel incontinence without a toileting plan	0	0		40.4	
10. Prevalence of indwelling catheter	0	0		7.9	

8.5 x 11 in

1 of 7

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Local intranet